



DATE:

WWW.FABLEISM.COM | EMAIL: FABLEISMSUPPLYCO@GMAIL.COM | MAIL: P.O. BOX 1658 ATASCADERO, CA 93423 | PHONE: (805) 460-6801

OWNERS CONTACT INFO

BUSINESS NAME:
OWNER'S NAME:
EMAIL:
PHONE:
CELL:
WEBSITE:

BUSINESS TYPE

CHECK ALL THAT APPLY

LLC
CORPORATION
SOLE PROPRIETOR
PARTNERSHIP
OTHER

SALES FORMAT

CHECK ALL THAT APPLY

BRICK AND MORTAR
INTERNET RETAIL
MANUFACTURER
DISTRIBUTOR
ETSY/EBAY/AMAZON
OTHER

PLEASE ATTACH A COPY OF YOUR BUSINESS LICENSE OR SELLERS PERMIT.

BUYER'S CONTACT INFO IF DIFFERENT.

BUYER'S NAME
BUYER'S CONTACT:

TAX ID NUMBER:

BUSINESS LICENSE NUMBER:

BILLING ADDRESS

ADDRESS:
CITY:
STATE:
ZIP:
COUNTRY:

ORDER MINIMUMS

FIRST TIME ORDER MINIMUM: \$500 USD
REORDER MINIMUM OF \$300 USD
\$1000 YEARLY MINIMUM ORDER REQUIREMENT for U.S. accounts

HOW DID YOU HEAR ABOUT US?

WOULD YOU LIKE TO RECEIVE THE FABLEISM NEWSLETTER? YES NO

SHIPPING ADDRESS RESIDENTIAL COMMERCIAL

ADDRESS:
CITY:
STATE:
ZIP:
COUNTRY:

WIRE/ACH PAYMENT INFO

I authorize FABLEISM, LLC to initiate an electronic funds transfer for the payment (outlined in received invoice) from my bank account under the terms of this authorization, which will be processed on the next business day. This payment can be revoked by calling FABLEISM at 805-460-6801.

ACCOUNT #
ROUTING #
NAME ON ACCOUNT
SWIFT CODE
CONSUMER CHECKING
BUSINESS CHECKING
CONSUMER SAVINGS
BUSINESS SAVINGS

CREDIT CARD PAYMENT INFORMATION

VISA MASTERCARD AMERICAN EXPRESS DISCOVER
CREDIT CARD #:
NAME ON CARD:
CARDHOLDER'S SIGNATURE
EXPIRATION:
SECURITY CODE:
SIGNATURE REQUIRED

AUTHORIZATION

I CERTIFY THAT ALL INFORMATION IN THIS FORM IS COMPLETE AND TRUE. I AM A CERTIFIED HOLDER AND SIGNATORY OF THE CREDIT CARD AND/OR BANK ACCOUNT INFORMATION NOTED ABOVE.

DATE: SIGNATURE:

TITLE:

THIS FORM MUST BE SIGNED BY AN OWNER OR AN AUTHORIZED SIGNING OFFICER