



FABLEISM SUPPLY CO.
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hello@fableism.com
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(805) 460-6801

DATE OF APPLICATION: _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

OWNER'S CONTACT INFO

BUSINESS NAME: _____

OWNER'S NAME: _____

EMAIL: _____

PHONE: _____

CELL: _____

WEBSITE: _____

BUYER'S CONTACT INFO IF DIFFERENT.

BUYER'S NAME: _____

BUYER'S CONTACT: _____

BILLING ADDRESS

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

COUNTRY: _____

SHIPPING ADDRESS

☐

RESIDENTIAL

☐

COMMERCIAL

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

COUNTRY: _____

ORDER MINIMUMS

FIRST TIME ORDER MINIMUM: \$500 USD
REORDER MINIMUM OF \$300 USD
\$1000 YEARLY MINIMUM ORDER REQUIREMENT

SALES REP? ☐ NO ☐ IF YES, WHO? _____

TELL US MORE

HOW DID YOU HEAR ABOUT US? _____

WOULD YOU LIKE TO BE CONTACTED BEFORE WE PROCESS PAYMENT? ☐ YES ☐ NO
(NOTE - IF YES, THIS MAY CAUSE DELAYS IN RECEIVING FABRICS.)

HAVE YOU READ AND AGREED TO THE [WHOLESALE TERMS AND CONDITIONS](#) OUTLINED ON [WWW.FABLEISM.COM](#)? ☐ YES ☐ NO
MUST CHECK YES TO VALIDATE APPLICATION.

WOULD YOU LIKE TO RECEIVE THE FABLEISM NEWSLETTER? ☐ YES ☐ NO

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

RESALE / TAX ID

PLEASE ATTACH A COPY OF YOUR TAX EXEMPTION DOCUMENTS ALONG WITH YOUR COMPLETED APPLICATION

PLEASE BRIEFLY EXPLAIN YOUR BUSINESS: _____

SOCIAL MEDIA HANDLES

- ☐ INSTAGRAM _____
☐ FACEBOOK _____
☐ TIKTOK _____
☐ PINTEREST _____
☐ OTHER _____

WIRE/ACH PAYMENT INFO *NOT A REQUIREMENT

I authorize FABLEISM, LLC to initiate an electronic funds transfer for the payment (outlined in final invoice received by email) 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 # _____ ☐ CONSUMER CHECKING
ROUTING # _____ ☐ BUSINESS CHECKING
NAME ON ACCOUNT _____ ☐ CONSUMER SAVINGS
SWIFT CODE _____ ☐ BUSINESS SAVINGS

CREDIT CARD PAYMENT INFORMATION A CREDIT CARD IS REQUIRED IN ORDER TO OPEN AN ACCOUNT.

☐

VISA

CREDIT CARD #:

EXPIRATION:

☐

MASTERCARD

NAME ON CARD:

SECURITY CODE:

☐

AMERICAN EXPRESS

CARDHOLDER'S

☐

DISCOVER

SIGNATURE

SIGNATURE REQUIRED

AUTHORIZATION SIGNATURE REQUIRED BY AUTHORIZED SIGNING OFFICER

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. I HAVE ALSO READ AND AGREED TO THE [WHOLESALE TERMS AND CONDITIONS](#) OUTLINED ON THE [WWW.FABLEISM.COM](#) WEBSITE.

SIGNATURE: _____

TITLE: _____

DATE: _____