



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

DATE OF APPLICATION: _____

PLEASE PRINT CLEARLY, ALL FIELDS REQUIRED.

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: _____

CONTACT BEFORE CHARGE?

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

SALES REP? ☐ NO ☐ IF YES, WHO?

TELL US MORE

☒ HOW DID YOU HEAR ABOUT US?

☒ PLEASE BRIEFLY EXPLAIN YOUR BUSINESS:

☒ HAVE YOU READ AND AGREED TO THE [WHOLESALE
TERMS AND CONDITIONS](#) OUTLINED ON 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

SOCIAL MEDIA HANDLES

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

REQUIRED BUSINESS DOCUMENTS

☒ PLEASE DO NOT SEND YOUR TAX ID OR SELLER'S PERMITS THROUGH EMAIL
UPLOAD SENSITIVE DOCUMENTS HERE

- BUSINESS LICENSE
- SELLER'S PERMIT
- YOUR STATE'S TAX EXEMPTION CERTIFICATE (IF APPLICABLE)
- THIS COMPLETED/SIGNED APPLICATION

ORDER MINIMUMS

NEW CUSTOMER ORDER - MINIMUM OF \$2000
EVERY ORDER THEREAFTER - MINIMUM OF \$300
*** IN ORDER TO KEEP YOUR ACCOUNT OPEN, WE
REQUIRE YOU PURCHASE A MINIMUM OF \$2,000 ANNUALLY.

CREDIT CARD PAYMENT INFORMATION SIGNATURES ARE REQUIRED

- ☐ VISA
☐ MASTERCARD
☐ AMERICAN EXPRESS
☐ DISCOVER

☒ CREDIT CARD #: DO NOT ENTER - CC INFO WILL BE COLLECTED OVER PHONE

NAME ON CARD: _____

CARDHOLDER'S
SIGNATURE _____

EXPIRATION: _____

SECURITY CODE: _____

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: _____

SIGNATURE REQUIRED

TITLE: _____

DATE: _____