



Wholesale Customer Application Form

Name of Business:			
Name of Owner(s):			
Name of Buyers(s):			
Physical Address:			
City:	State:	Zip:	
Billing Address:			
City:	State:	Zip:	
Phone:	Alt. Phone:		
Fax:	Website:		
Email Address:			
Resale Certificate #:			

Account Terms:	<input type="radio"/> Net 0 (prepay at time of shipping) <input type="radio"/> Net 30 (please attach credit references, manager will fax or email approval)
Payment Options:	<input type="radio"/> Business Check <input type="radio"/> COD (carrier's charge will be added to invoices) <input type="radio"/> Credit Card (MC & Visa only, 3% will be added to invoices)

Briefly describe your business:	
How did you hear about Frenzy Art?	
Other Comments:	

Please mail or fax completed form to: Frenzy Art Studio, Inc.
 P.O. Box 4007
 Lago Vista, TX 78645-4007

Fax: 512-267-1139