



Fortune Products, Inc.  
2010A Windy Terrace  
Cedar Park, TX 78613

***This section to be completed by Fortune Requestor.***

New Account Profile      Company Name: \_\_\_\_\_

Customer Update/Change\*      DBA or Trade Name: \_\_\_\_\_

\* Include notification of needed change.

Requestor: \_\_\_\_\_ Date \_\_\_\_\_

W9 required?       Yes     No

Sales Tax Resale Certificate Required?       Yes     No      *Required when Fortune's products are being resold*

***The following section to be completed by vendor and submitted with the identified required documents above.***

**Contact information:**

**Buyer/Salesperson:** \_\_\_\_\_ **Company Website:** \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address to be used on Sales Order: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Shipping Contact:**

Shipping / Return Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Shipping Provider: \_\_\_\_\_ ACCT #: \_\_\_\_\_

**Accounts Payable Contact:**

Address: *(if different from above)* \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

**Email for invoices:** \_\_\_\_\_ **AP Telephone:** \_\_\_\_\_

Payment Terms: \_\_\_\_\_ 1% 10/Net 30 \_\_\_\_\_



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**Type of Business**

Business Entity

SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION  OTHER (LLC, Etc.)

|                               |                     |   |                         |
|-------------------------------|---------------------|---|-------------------------|
| SSN# (Sole Proprietors):      | E.I.N. #:           | STATE TAX ID #:                                 |                         |
| Years in Business (This Name) | Number of Employees | Number of Salespeople<br>___ INSIDE ___ OUTSIDE | Warehouse Area (Sq.Ft.) |

Sales Entity

WHOLESALER  RETAILER  JOBBER  OTHER (Please Explain)

Describe your general lines of merchandise:

What geographical area do you service?

**Owners & Principals**

|         |       |         |       |
|---------|-------|---------|-------|
| Name    | Title | Name    | Title |
| Address |       | Address |       |
| City    | State | Zip     | City  |
|         |       |         | State |
|         |       |         | Zip   |

**Trade References**

|                     |                  |       |       |     |
|---------------------|------------------|-------|-------|-----|
| <b>Trade Ref #1</b> | Address          | City  | State | Zip |
| Contact/Title       | Years Associated | Phone | Fax   |     |

Type of products purchased:

|                     |                  |       |       |     |
|---------------------|------------------|-------|-------|-----|
| <b>Trade Ref #2</b> | Address          | City  | State | Zip |
| Contact/Title       | Years Associated | Phone | Fax   |     |

Type of products purchased:

|                     |                  |       |       |     |
|---------------------|------------------|-------|-------|-----|
| <b>Trade Ref #3</b> | Address          | City  | State | Zip |
| Contact/Title       | Years Associated | Phone | Fax   |     |

Type of products purchased:

Please be as complete as possible. This application will be used to establish your qualifications to buy direct from us and to qualify your company to purchase on an open account basis. No sales will be made to your company until we are in possession of a completed copy of this form and any other forms which may accompany it. Company named above claims the right to make non-taxable purchases for the purpose of re-sale under the State tax or license # shown above.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_