ACCOUNT PROFILE

FORTUNE PRODUCTS, INC.
2203 DOWNING LANE
LEANDER, TEXAS 78641

This section to be completed by Fortune Products, Inc. Requestor.

☐ New Account Profile

☐ Customer Update/Change*

*Include notification of needed Change

Company Name: _____

DBA or Trade Name: _____

Requestor: _____ Date: _____

W9 Required? ☒ Yes ☐ No

Sales Tax Resale Certificate Require? ☒ 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: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Shipping Contact: _____

Shipping / Return Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ E-mail: _____

Preferred Shipping Provider: _____ ACCT#: _____

Accounts Payable Contact: _____

Address: *(If different from above.)* _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail for Invoices: _____ AP Telephone: _____

Payment Terms: _____

FORTUNE PRODUCTS, INC.
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LEANDER, TEXAS 78641

Type of Business

Business Entity

☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER (LLC, Etc.)

Years in Business (This Name)	Number of Employees	Number of Salespeople ____ 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

Trade Ref #1	Address	City	State	Zip
Contact/Title	Years Associated	Phone	Fax	
Type of products purchased:				
Trade Ref #2	Address	City	State	Zip
Contact/Title	Years Associated	Phone	Fax	
Type of products purchased:				
Trade Ref #3	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**_____