



INTERNATIONAL ACCOUNT PROFILE

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

This section to be completed by Fortune Requestor.

New Account Profile

Customer Update/Change*

*Include notification of needed Change

Company Name: _____

DBA or Trade Name: _____

Requestor: _____ **Date:** _____

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.
 2203 DOWNING LANE
 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 _____