



# Wholesale Application

4025 Willowbend, Suite 312  
Houston, TX 77025  
713-666-9595

**PLEASE PRINT CLEARLY**

Which product lines are you interested in selling? (Check all that apply)

- Autographed Memorabilia    Hidden Treasures    MiLB Product    TNA Wrestling  
(Minor League Baseball)

## General Company Information

Trade Name:					
Legal Name:					
Company Address:					
Company City:		State:		Zip:	
Company Phone Number:					
Company Fax Number:					
Company Website:					
Circle Legal Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual		
Federal ID (9 Digits):					

## Sales Information

Annual Sales:

Last Full Year: \_\_\_\_\_ Sales Amount: \_\_\_\_\_

Provide your % of store selling demographics:

- Autograph Memorabilia   % of Sales: \_\_\_\_\_
- Unsigned Collectibles   % of Sales: \_\_\_\_\_
- Apparel   % of Sales: \_\_\_\_\_
- Wax   % of Sales: \_\_\_\_\_
- Single Cards   % of Sales: \_\_\_\_\_
- Other   Explain: \_\_\_\_\_   % of Sales: \_\_\_\_\_

Does your company sell TRISTAR Hidden Treasure Products?    Yes    No

Does your company sell TRISTAR Minor League Baseball Products?    Yes    No

Provide % of sales for each type of selling your company does:

- Internet   % of Sales: \_\_\_\_\_
- Auctions   % of Sales: \_\_\_\_\_
- Retail Stores   % of Sales: \_\_\_\_\_
- Shows   % of Sales: \_\_\_\_\_
- Other   Explain: \_\_\_\_\_   % of Sales: \_\_\_\_\_

Have you ever exhibited at a TRISTAR Show?    Yes    No

Would you be interested in exhibiting at a TRISTAR Show?    Yes    No

# Supplier References:

(Companies You Purchase From)

## Supplier #1:

Company Name:				
Contact Name:				
Address:				
City:		State:		Zip
Phone Number:				
Email Address:				

## Supplier #2:

Company Name:				
Contact Name:				
Address:				
City:		State:		Zip
Phone Number:				
Email Address:				

## Supplier #3:

Company Name:				
Contact Name:				
Address:				
City:		State:		Zip
Phone Number:				
Email Address:				

## Supplier #4:

Company Name:				
Contact Name:				
Address:				
City:		State:		Zip
Phone Number:				
Email Address:				

## Contact Information

How did you hear of TRISTAR:

- Referred By: \_\_\_\_\_  
 SCD  
 Internet Website: \_\_\_\_\_  
 Other Explain: \_\_\_\_\_

### Authorized Buyer Contact:

Buyer's Name:			
Business Phone:			
Email Address:			

### Alternate Buyer Contact:

Buyer's Name:			
Business Phone:			
Email Address:			

# Shipping Information

## Shipping Preferences:

FedEx    Account Number: \_\_\_\_\_  
 UPS

## Invoicing Preferences:

Email    Address: \_\_\_\_\_  
 USPS    Address: \_\_\_\_\_

# Payment Method

## Credit Card Information:

Card Type:     Visa     M/C     Amex     Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_    CVV: \_\_\_\_\_

## Billing Information:

<b>Business Name:</b>					
<b>Name on Credit Card:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

## Shipping Address

<b>Business Name:</b>					
<b>Contact Name:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

# Agreement Statement

I, \_\_\_\_\_, have read, understand and agree to all terms related within the documents listed below.

Please read and initial each of the following items:

- I have read and understand TRISTAR Productions, Inc.'s Shipping Policy: \_\_\_\_\_
- I have read and understand TRISTAR Productions, Inc.'s New Account Policy: \_\_\_\_\_
- I have read and understand TRISTAR Productions, Inc.'s Damaged Goods and Return Policy: \_\_\_\_\_
- I have read and understand TRISTAR Productions, Inc.'s Authentication Policy & Procedures: \_\_\_\_\_
- I have included a copy of the applicant's state resale tax certificate: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Please fax or email completed application to TRISTAR Sales Manager at 713-488-1178 or showell@tristarproductions.com.