



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 / Packaged Products

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

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: _____
 Trade Publication _____
 Internet Website / Social Media: _____
 Other Explanation: _____

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:

Business Name:				
Name on Credit Card:				
Street Address:				
City:	State:	Zip:		

Shipping Address

Business Name:				
Contact Name:				
Street Address:				
City:	State:	Zip:		

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 the attention of 'TRISTAR Sales Manager' at 713-488-1178 or info@tristarproductions.com.