

Which product lines are you interested in selling? (Check all that apply) Autographed Memorabilia Hidden Treasures / Packaged Products

Please identify if you are a store, breaker, or both: (Check all that apply)
Store Breaker Both

General Company Information:

Trade Name:			
Legal Name:			
Company Address:			
Brick and Mortar?	🗌 Yes 🗌 No		
Company City:		State:	Zip:
Company Phone Number:			
Company Fax Number:			
Circle Legal Entity Type:	Corporation	Partnership	Individual
Federal ID (9 Digits):			
Date of Establishment			

Sales Information:

Annual Sales:				
Last Full Year:	Sales Amount:			
Provide your % of store selling demo	ographics:			
🗌 Autograph Memorabilia	% of Sales:			
Unsigned Collectibles	% of Sales:			
Apparel	% of Sales:			
	% of Sales:			
Single Cards	% of Sales:			
	% of Sales:			
Does your company sell TRISTAR Hi Provide % of sales for each type of s	—			
☐ Internet % of Sales:				
Auctions % of Sales:				
Retail Stores % of Sales:				
Shows % of Sales:				
Other Explain:	% of Sales:			
Have you ever exhibited at a TRISTA				
-				

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:		. <u>-</u> .
Email Address:		

Supplier #4:

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

Social Media

Company Website:	
Facebook:	
Instagram:	
Twitter:	
Other (Amazon, Ebay, etc.):	

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:	
Mobile Phone:	
Email Address:	

Alternate Buver Contact:

Buyer's Name:	
Business Phone:	
Mobile Phone:	
Email Address:	

Shipping Information

Shipping Preferences:

FedE
UPS

edEx Account Number: _____

Invoicing Preferences:

	Email
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mail Address: _____

Payment Method

Credit Card Information:

Card	Type: 🗌 Visa	M/C		🗌 Di	scover		Paypal
Card	/Account Number:				Exp:	C	vv:
Billi	ng Information:						
	Business Name:						
	Name on Credit Card:						
	Street Address:						
	City:		S	tate:		Zip:	
Ship	oping Address						
	Business Name [.]						

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 above.

> 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.