



4610 E. Cotton Center Blvd., Suite 100; Phoenix, AZ 85040-8898
No New Accounts will be set-up between December 1st and December 31st.

Instructions for Completing the Fairytale Brownies Distributor Credit Application

- **Complete all fields.** An incomplete application will be returned for completion and will delay processing. Providing your D&B number generally expedites processing.
- An Arizona Form 5000A resale certificate form is required for distributor purchases. Tax will be charged without this document.
- You may attach your own credit information sheet provided it includes all the requested information from the Fairytale Brownies Credit Application.
Please provide a minimum of one banking and three trade references.
- All information provided by you on the credit application will be kept confidential and will be used for credit terms approval only.
- **Signature and date at the bottom of the Fairytale Credit Application is required for processing.**
- **Fax completed application to 602-489-5122** attn: Credit Dept.
- Once your completed application is received the process takes approximately 7-10 business days and we will notify you via email.
- Please note that when using your terms account for first time orders over \$5000 a 20% deposit is required.
- Terms are Net 15

If you have any questions regarding the credit application, please call 602-489-5141.

Thank you and we look forward to working with you.

Fairytale Brownies®

4610 E. Cotton Center Blvd., Suite 100; Phoenix, AZ 85040-8898 T: 602.489.5100 F: 602.489.5122

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DISTRIBUTOR CREDIT ACCOUNT APPLICATION

APPLICANT INFORMATION

Company Name:		Phone:	
Company Address:		Fax:	
City:	State:	Zip Code:	
Parent Company Name:		Email Address:	
Fairytale Brownies Customer Number:		Principal Business Activity:	
Billing Address (if different from above):			
City:	State:	Zip Code:	
Direct Invoices to the Attention of:		Title:	
Purchase Order Required (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Requesting: \$	
Type of Business (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other			
Principal Business Activity:		How did you hear about Fairytale?	
Employer Identification Number:		D & B Number:	
Sale Tax Exempt (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Arizona Form 5000A Resale Certificate.			

BANK REFERENCES

Bank name:	Contact:
Phone:	Fax:
Name on Bank Account:	Account Number:

TRADE REFERENCES

Company Name:	Contact:
Address:	
Phone:	Fax:
Company Name:	Contact:
Address:	
Phone:	Fax:
Company Name:	Contact:
Address:	
Phone:	Fax:

CREDIT AGREEMENT, TERMS, AND CONDITIONS

A corporate distributor account may not be used for personal purchases. Terms are Net 15. The discount privilege on large quantity orders will be revoked if payment in full is not received within (15) days of invoice date. In this event, Customer agrees to pay the full retail price. Excessive or habitual late payments may subject to account closing. First time orders over \$5000 and all custom orders require a 20% deposit.

AUTHORIZED EMPLOYEES

Name:	Title:	Signature:
Name:	Title:	Signature:

I have read and agree to be bound by and I am authorized to bind company to the Terms and conditions of the Distributor Account Credit Agreement. I authorize release of the above information in order to process this application.

Individual Authorizing Account:	Title:
Signature of Authorized Bank Signer (Required):	Date: