

FISHSOXX

9333 96th Street

Mahtomedi, MN 55115

Fax/Phone 651-429-5155

www.fishsoxx.com

Wholesale Customer Profile

To become an approved wholesale customer please complete this form and fax it to Fishsoxx along with a copy of your state sales tax certificate.

Buyer's Name _____ Phone _____

Company Name _____ Email _____

Billing Address _____

City _____ State _____ Zip _____

State Sales Tax No _____ Fax _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Store Type:

Department

Florist

Gift

Souvenir

Other _____

What is the best way to contact you about your order? telephone mail email fax

What is the best time of day to contact you? _____

How would you like to learn about new products & specials? telephone mail email fax

Online account information

Email Address: _____ Password: _____

I certify that all the information on this form is correct.

Date _____ Signed _____ Title _____

At **FISHSOXX** we are concerned about your security. We will not give out or sell your information to anyone for any reason. For full details **please read the online privacy policy at www.fishsoxx.com**