



Findings for Fused

Wholesale Application

Opening an account:

To open an account with Findings for Fused, please submit a signed and completed application with the following:

1. A photo copy of your current business license or state registration.
2. A photo copy of your State Tax Resale Form with your State Tax Resale Number on the form.
3. A valid email address.
4. Your opening order totaling a minimum of \$500.00

Opening Order & Re-orders

Your opening order must be \$500.00 net. All opening orders must be paid for using a credit card. Terms will not be extended on the opening order. All orders thereafter for wholesale accounts must be a minimum of \$200.00, unless another arrangement is made with Findings For Fused.

Annual Purchase Requirements

Findings for Fused wholesale accounts are required to meet an annual (rolling 12 months) purchase requirement of \$1000.00.

Credit Cards

You may use your credit card to purchase product from Findings for Fused. Please check the appropriate box on the Application Checklist to indicate that you plan to use a credit card to pay for your purchases and submit the Credit Card Authorization form. This form authorizes Findings for Fused to securely and confidentially keep your designated credit card information on file and to use this credit card as the primary method of payment once you have provided your Account Specialist your credit card number.

Note: You are not required to submit your credit card via this form. You may provide your credit card information when placing the order. Please DO NOT provide your complete credit card number.

Order & Shipping Confirmation

You will receive an order confirmation email when you place an order and/or a shipping confirmation email when your order ships.

Account Status & Review

Accounts are reviewed when all documentation is received by FFF and can take 5-10 business days to process. The status of your account will be reviewed annually. In an effort to keep records accurate you may be asked periodically to provide updated information regarding the status of your business. Accounts showing no activity for more than one (1) year (from the date of account origination) will be closed.

Change of Ownership

If the business changes ownership, the new ownership is required to reapply for an account with Findings for Fused. Any and all orders not shipped in the system submitted by the previous owners are cancelled.

Store Relocation

If you relocate your business you will be required to update your account information or, at the discretion of the Account Specialist, reaffirm your account status by updating all the required account information.

Submitting a Wholesale Order

Email Orders: Email PO or order details to sales@findingsforfused.com or you may be contacted by findingsforfused@gmail.com as well. Please add both email addresses to your contacts so you don't miss important info regarding your account.

Fax Orders: Fax orders may be transmitted to 1-866-516-8310.

Call Orders: Call orders into 760-333-0542

Shipping

Orders are shipped via cheapest method possible unless otherwise specified. Please provide your UPS or FED EX shipping # to your application below for best rates. We will do our best to ship the cheapest method possible, but cannot guarantee it.

Your order will usually be shipped within 2 business day of receipt, but could take up to 3-4 business days.

Expedited Shipping Requests for expedited shipping must be received before 10:00 a.m. PST.

Requests received after 10:00 a.m. will be shipped the next day. All applicable freight charges for expedited shipping will apply and be charged accordingly.

Claims & Returns

Claims must be submitted within 10 business days of receiving the merchandise. There is a 15% restocking fee on all returned merchandise. All returns require authorization by Findings for Fused by calling 760-333-0542.

Reservations

All information submitted by the applicant shall be reviewed Findings for Fused. Findings for Fused reserves the right to accept or reject the application and any or all supporting documentation at its sole discretion. Any such determination by Findings for Fused shall be final. F.F.F reserves the right to change the account application at its discretion for any reason. F.F.F reserves the right to review and/or suspend or close any account at its discretion. Please complete the application (including the signature) and return it to F.F.F. By submission of the application, the applicant agrees to adhere to all F.F.F policies including but not limited to those provided above.

Findings for Fused
WHOLESALE ACCOUNT APPLICATION

P.O. Box 581 – Pioneertown – CA 92268 • 760-333-0542 • FAX 866-516-8310

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY: STATE: ZIP: PHONE: _____

SHIPPING ADDRESS: _____

CITY: STATE: ZIP: FAX : _____

DAYS & HOURS OF OPERATION : _____ **WEB SITE:** _____

OWNER/PRESIDENT: _____ **BUS PHONE:** _____

EMAIL ADDRESS: _____ **UPS of Fed Ex#** _____

AUTHORIZED BUYERS:

1. _____ 2. _____

3. _____ 4. _____

PREFERRED METHOD OF PAYMENT:

_____ **CREDIT CARD** _____ **PREPAY** _____ **NET 30 CREDIT LINE REQUESTED:** _____

IF YOU CHECK NET 30 PLEASE PROVIDE THREE (3) CREDIT REFERENCES AS PART OF THE APPLICATION PROCESS. PLEASE ALLOW 2-3 WEEKS APPROVAL.

CREDIT REFERENCES

NAME: _____ **ACCT NO:** _____ **CONTACT:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

ADDRESS: _____

NAME: _____ **ACCT NO:** _____ **CONTACT:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

ADDRESS: _____

NAME: _____ **ACCT NO:** _____ **CONTACT:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

ADDRESS: _____

A FINANCE CHARGE OF 1.5% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% PER ANNUM, WILL BE CHARGED ON THE UNPAID BALANCE OF PAST DUE ACCOUNTS. THE PURCHASER AGREES TO PAY ANY AND ALL FEES FOR COLLECTIONS, ATTORNEY, AND COURT FEES AFTER DEFAULT AND REFERRAL TO COLLECTIONS OR AN ATTORNEY. Findings for Fused RESERVES THE RIGHT TO TERMINATE ANY ACCOUNT FOR ANY REASON. ADHERENCE TO ALL Findings for Fused POLICIES IS REQUIRED OR YOUR ACCOUNT MAY BE TERMINATED.

SIGNATURE OF OWNER: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

FOR OFFICE USE ONLY

APPROVAL DATE: _____ **CREDIT APPROVAL DATE:** _____ **CREDIT LINE:** _____

APPROVED BY: _____ **APPROVED BY:** _____ **AC LETTER:** _____

CREDIT CARD AUTHORIZATION

BUSINESS
NAME: _____

PRIMARY CONTACT: _____ ACCOUNT NUMBER: _____

CREDIT CARD INFORMATION

CARD TYPE: ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER

LAST FOUR DIGITS OF THE CREDIT CARD YOU PLAN TO USE: _____ EXP DATE: _____

CARD HOLDER'S NAME: _____
(EXACTLY AS IT APPEARS ON THE CREDIT CARD)

BILLING ADDRESS: _____

CITY: STATE: ZIP: _____

CARD HOLDER PHONE NUMBER: _____

I, (CARD HOLDER) authorize Findings for Fused to place on file (confidentially and securely) the credit card information provided above and authorize Findings for Fused. to use this credit card as the primary method of payment when making purchases.

CARD HOLDER SIGNATURE: _____

CARD HOLDER NAME (PRINT): _____

DATE OF SIGNATURE: _____

NOTE: Call Findings for Fused and provide them your full credit card number. When placing an order by phone the order entry agent will confirm the last four digits of this credit card. When an order is received by fax or mail the credit card on file will be used to pay for your order unless you specify otherwise on the order. Do not place your full credit card number on the order form. To make changes to your credit card information please contact Findings for Fused

FOR OFFICE USE ONLY

ACCOUNT PROFILE UPDATED (DATE): _____ UPDATED BY: _____

CREDIT CARD AUTHORIZATION FORM FILED (DATE): _____ FILED BY: _____

CONFIRMATION EMAIL SENT (DATE): SENT BY: _____