

ACCOUNT APPLICATION

Legal Business Name							
DBA (if different)							
Contact Person	Title						
Billing Address		City		State	Zip		
Shipping Address		City		State	Zip		
Phone	Other Phone		Fax				
Email		Website					
Date Business Established:	Fed ID#		D&B#				
Type of Business: Retailer W	holesaler Busine	ess Entity: Corporation	on Partnership	pSol	e Proprietor		
How will you be selling: In Store	Ecommerce Both	Do you adhe	re to MAP Pricing?	Yes No			
If in store, how many locations?	If online, list website Ul	RLs:					
Flying Fisherman Sales Representative	(if working with one)						
How did you hear about Flying Fisherr	nan?						
Requested Terms: Prepaid Check or C	Credit Card Open Account_						
Payment Methods Accepted: Company	Check, ACH, Wire Transfer, Vi	sa, MasterCard, or Di	scover, or American	Express			
Accounts Payable Contact							
Phone	Fax		Email				

TRADE REFERENCES

Please fill out this page completely if you are applying for an open account.

Prepaid Check/Credit Card accounts do not need to provide trade references.

Trade Reference 1:							
Company			Acet#				
Address		City	State	Zip			
Phone	Fax	Email:					
Trade Reference 2:							
Company			Acct#				
Address		City	State	Zip			
Phone	Fax	Email:					
Trade Reference 3:							
Company			Acct#				
Address		City	State	Zip			
Phone	Fax	Email:					
I hereby certify that the info	ormation contained herein is comple	te and accurate. This information ha	as been furnished w	ith the understanding that it i			
to be used to determine the	amount and the conditions of the cr	edit to be extended. Furthermore, I	hereby authorize the	e institutions listed in this			
application to release neces	sary information to Flying Fisherma	an to verify the information contained	ed herein.				
Signature		Date					
Print Name		Title					
Office Phone		Mobile Phone					