



HQ:
1285 Spring Street
Suite B
Gulfport, MS 39503

Fulfillment:
Fishouflage Apparel Fulfillment
10441 Metropolitan Ave.
Kensington, MD 20895

Phone: 888-934-7422
Fax: 866-927-9994
Web: www.fishouflageapparel.com
Email: wholesale@fishouflageapparel.com

Fishouflage Apparel™ Dealer Application

Thank you for your interest in joining the Fishouflage Apparel Dealer program. We are the exclusive manufacturer of retail apparel featuring the new Fishouflage™ patterns and provide our dealers with a full range of performance and cotton apparel, headwear and accessories.

Minimum Dealer Requirements

1. A legitimate, established retail store
2. A store front on a commercial property
3. Regular business hours
4. Initial minimum order of \$500

Before your application is complete we may require the following additional documentation:

1. Copies of your Federal Tax ID, Business License, State Tax ID or Seller's Permit.
2. Photocopies of advertising and business cards.
3. Photos of your retail shop.

Please complete the dealer application and fax it back to us at **866-927-9994** or email it to us at wholesale@fishouflageapparel.com.

Payment Terms: Check or money order. Net 30 terms available with approved Credit

Freight: FOB Fishouflage Apparel facility

Company Contact Information (Please TYPE then PRINT this Application)

Business Name _____

Contact Person _____

Address _____

City _____

State / Province _____

Country _____

Zip code / Postal code _____

Phone number _____

Fax number _____

Website _____

Email _____



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Company Billing Information

Name _____
Address _____
City _____
State / Province _____
Zip code / Postal code _____
Phone number _____
Fax number _____
Email _____

Company Shipping Information (If different from Company Contact Information)

Contact Person _____
Address _____
City _____
State / Province _____
Zip code / Postal code _____
Phone number _____
Fax number _____

Company Profile

Years in Business _____
Operating as _____ Partnership _____ LLC _____ Corporation _____ Proprietorship _____
Name of Business Owner _____
Owner Phone Number _____
Dealer/ Distributor - Which? _____
Federal Tax ID # _____
State Business License # _____
State Tax ID # _____
State Resale License # _____



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Additional Company Information

What species do your customers fish for?	
How many brick and mortar locations do you operate?	
Provide a brief description of your business to help us understand your specific needs and product interests.	

Trade References

Name _____	Account # _____	Phone _____
Name _____	Account # _____	Phone _____
Name _____	Account # _____	Phone _____

Signature of Business Owner or Manager

Signature _____ Date _____

Print or Type Name