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About the

## Wholesale Policy & Application

At Franklin Art Glass Studios, Inc.

Thank you for your interest in purchasing from Franklin Art Glass on a wholesale basis. We hope the information we are providing will be the first step in establishing a long-term business partnership. If you have any questions please do not hesitate to give us a call. Attached you will find our Application and Reference forms. After reviewing the policy outlined below we hope you give us the opportunity to earn your business. Carefully complete the forms and attach the necessary information to establish your wholesale qualification.

We pride ourselves in providing outstanding service as well as competitive pricing to our wholesale customers. Once we set your business up under one of the three Purchasing Plans we will make every diligent effort to prove your decision to apply to be a great one! We invite your questions and comments. Your business is valued here at Franklin and your input and questions are vital to our ability to provide the products and services you desire. Thanks again for your interest.

Best Regards!



Michael Stone  
Sales Manager

Franklin Art Glass Studios, Inc.  
222 East Sycamore Street  
Columbus, Ohio 43206

Phone: 800.848.7683  
Fax: 614.221.5223  
Email: [mikes@franklinartglass.com](mailto:mikes@franklinartglass.com)

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## Wholesale Policy

At Franklin Art Glass Studios, Inc.

### QUALIFICATIONS...Six Possible Criteria:

- (1) **Commercial Facility** for the manufacture/sale of art glass products and/or supplies. Provide photo of storefront OR copy of utility bill, other than phone, invoiced to the name of the business.
- (2) **Business Phone Listing**. Provide copy of Yellow Page listing under glass OR copy of phone bill invoiced to the name of the business.
- (3) **Business Checking Account**. Provide copy of business check or deposit slip with business name.
- (4) **Resale Tax Certificate or License**. Provide copy showing business activity as art glass and/or related craft).
- (5) **Federal I.D. Number (E.I.N.)**. Not Social Security Number. Provide proof.
- (6) **Business Liability Insurance**. Provide proof.

### PURCHASING PLANS...Three Options:

- (1) **GOLD PURCHASING PLAN**: Customer must provide proof of **four** or more of the criteria listed above. The Annual Target Volume is **\$12,500**. per calendar year. The minimum opening order is **\$1250**. - unless copies of invoices from other art glass distributors are provided (totaling not less than \$3000 over the previous three month period). Continuing orders must total **\$50**. each (a service charge of **\$5**. applies on orders less than \$50.). *Best Price of the three plans.*
- (2) **SILVER PURCHASING PLAN**: Customer must provide proof of **four** or more of the criteria listed above. The Annual Target Volume is **\$7,500**. per calendar year. The minimum opening order is **\$750**. - unless copies of invoices from other art glass distributors are provided (totaling not less than \$1750 over the previous three month period). Continuing orders must total **\$50**. each (a service charge of **\$5**. applies on orders less than \$50.). *Silver price is approximately 5-10% above the Gold Price.*
- (3) **BRONZE PURCHASING PLAN**: Customer must provide proof of **three** or more of the criteria listed above. The Annual Target Volume is **\$1,500**. per calendar year. The minimum opening order is **\$150**. - unless copies of invoices from other art glass distributors are provided (totaling not less than \$375 over the previous three month period). Continuing orders must total **\$50**. each (a service charge of **\$5**. applies on orders less than \$50.). *Bronze price is approximately 20-30% above the Gold Price.*

**The Process...** SIMPLY MAIL, EMAIL, FAX OR HAND-CARRY THE ATTACHED APPLICATION & REFERENCE FORM, ALONG WITH AT LEAST 3 OR 4 OF THE LISTED CRITERIA/QUALIFICATIONS, TO FRANKLIN ART GLASS. WE WILL TAKE IT FROM THERE! This is NOT a CREDIT APPLICATION. If you wish to apply for credit terms request the separate "Application for CREDIT".

**Franklin Art Glass Studios, Inc.**

222 East Sycamore Street; Columbus, Ohio 43206; U.S.A.; 800.848.7683; 614.221.5223 (fax); mikes@franklinartglass.com

**Application for WHOLESale**

(1) Company Name: \_\_\_\_\_

(2) Mailing Address

(3) Shipping Address

Street: \_\_\_\_\_

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Suite/Unit No.: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

(4) Email Address: \_\_\_\_\_

(5) Business Phone: \_\_\_\_\_

(6) Business Fax: \_\_\_\_\_

(7) Owner(s) / Officers Names & Titles:

(8) Person(s) authorized to approve purchases:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(9) Type of Business Organization:  Partnership  Corporation  Sole Proprietor  
 Other: \_\_\_\_\_

(10) Date business was established: \_\_\_\_\_

(11) The purpose of the business is:  Manufacturer of finished art glass products.  
 Resale of art glass & supplies to the retail market.

(12) Terms of Sale:  Cash, Check, C.O.D.  AMEX, MC, VISA  
 I request an application for credit (Net 30)

(13) Does your company require a purchase order?  YES  NO

(14) Federal I.D. No. (E.I.N.): \_\_\_\_\_ (15) Sales Tax No. \_\_\_\_\_

(16) Attachments...I am attaching with this application the following:  Copy of Resale Tax Certificate/License (showing business activity as art glass and/or related craft).  Copy of Yellow Page Phone Listing.  Copy of Phone Bill to the Business (not private individual).  Copy of Business Check or Deposit Slip for Business Checking account.  Copy of Utility Bill (NOT phone) for the Business.  Photo of Commercial Storefront.  Proof of Business Liability Insurance.  Proof of Federal I.D. No. (E.I.N.).  Bank & Trade References (see attached form).  Copies of invoices from other Art Glass Distributors.

(17) **Agreement:** I certify that all the information I have provided in and with this application to buy wholesale are true and accurate to the best of my knowledge. I hereby authorize the use of the information provided to establish wholesale status with Franklin Art Glass. I am applying to purchase under the following Pricing Plan:

GOLD  SILVER  BRONZE

(18) Signed (by authorized executive) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Franklin Art Glass Studios, Inc.**

222 East Sycamore Street; Columbus, Ohio 43206; U.S.A.; 614.221.2972; 800.848.7683; info@franklinartglass.com

**Application for WHOLESALE**

**Bank & Trade References**

(1) For (your company name): \_\_\_\_\_

(2) Bank Reference

Name of Bank: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_

(3) Trade References (companies with whom your business purchases wholesale, art glass distributors if applicable):

(i) Name of Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Art Glass Distributor?  YES  NO

(ii) Name of Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Art Glass Distributor?  YES  NO

(iii) Name of Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Art Glass Distributor?  YES  NO

(4) **Permission:** I hereby give Franklin Art Glass Studios, Inc. permission to contact the above referenced Bank and Companies to verify that I have a business and wholesale accounts with each of them.

\_\_\_\_\_  
**Signed (by authorized executive)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**