



# Franklin Art Glass Studios Inc.

Handcrafted Stained Glass Since 1924

## WHOLESALE APPLICATION

### FRANKLIN ART GLASS STUDIOS, INC. WHOLESALE POLICY

#### QUALIFICATIONS (6 POSSIBLE CRITERIA)

- 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.
- Business Phone Listing. Provide copy of Yellow Page listing under "glass" OR copy of most current phone bill invoiced to the name of the business. (Not private individual).
- Business Checking Account. Provide copy of business check or deposit slip with business name.
- Resale Tax Certificate or License. Provide copy showing business activity as art glass and/or related craft.
- Federal I.D. Number (E.I.N.). Not Social Security Number. Provide proof.
- Business Liability Insurance. Provide proof.

#### PURCHASING PLANS (3 OPTIONS)

1. **GOLD PURCHASING PLAN:** *Best Price of the three purchasing plans.* Customer must provide proof of four or more of the criteria listed. 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 \$3,000 over the previous three month period). Continuing orders must total \$50 each, a service charge of \$5 is applied to orders less than \$50.
2. **SILVER PURCHASING PLAN:** *Silver price is approximately 5-10% above Gold price.* Customer must provide proof of four or more of the criteria listed. 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 is applied to orders less than \$50.
3. **BRONZE PURCHASING PLAN:** *Bronze price is approximately 20-30% above Gold price.* Customer must provide proof of three or more of the criteria listed. 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 is applied to orders less than \$50.

#### THE PROCESS

Please mail, e-mail, fax or hand-carry the attached Wholesale 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, please request the separate "Application for Credit".

---

Dear Applicant,

Thank you for your interest in purchasing from Franklin Art Glass Studios 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 Wholesale Application and Reference forms. After reviewing the policy outlined above, we hope you will give us the opportunity to earn your business. We pride ourselves in providing outstanding service as well as competitive pricing to our wholesale customers. Once we set up your business 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 Art Glass and your input and questions are vital to our ability to provide the products and services you desire. Carefully complete the forms and attach the necessary information to establish your wholesale qualification. Thanks again for your interest.

Best Regards!

Michael Stone  
Sales Manager



# Franklin Art Glass Studios Inc.

Handcrafted Stained Glass Since 1924

## WHOLESALE APPLICATION

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

**(2)** Mailing Address:

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

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

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

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

**(3)** Shipping Address:

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

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

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

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)** Purpose of the business:     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     NET 30 (request for credit application)

**(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 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 of the information I have provided within and along with this application to buy wholesale from Franklin Art Glass to be true and accurate to the best of my knowledge. I hereby authorize the use of the provided information to establish wholesale status with Franklin Art Glass Studios. I am applying to purchase under the following pricing plan:

GOLD     SILVER     BRONZE

\_\_\_\_\_  
*Signed by Authorized Executive*

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

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



# Franklin Art Glass Studios Inc.

Handcrafted Stained Glass Since 1924

## WHOLESALE APPLICATION

### BANK REFERENCES

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

(2) Bank Reference:

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

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

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

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

Additional Bank Reference (if applicable):

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

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

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

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

### TRADE REFERENCES

(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*

