

Wholesale Agreement

Company: _____

Mailing Address: _____

Shipping Address: _____

Telephone: _____ Fax: _____

Website: _____

Contact Name: _____

Contact Email: _____

Primary type of business: _____

Your business is primarily (please circle one): web-based brick and mortar both

Identification:

Please attach a copy of state or federal documentation identifying you as a retailer (i.e. state sellers permit).

California Resellers:

If you are located in California, you must also attach a completed California Resale Certificate which can be obtained online at: <http://www.boe.ca.gov/pdf/boe230.pdf>

If you fail to send us a completed California Resale Certificate, we are required to charge sales tax on all items even though you have a permit.

Minimum Order / Shipping

Opening order: \$100 Reorders: No minimum

Shipping costs will be calculated and sent to you as soon as we receive your order. We usually ship via USPS unless you specify otherwise.

Payment

Payment is required at time order. After shipping charges have been added, an invoice will be sent to you. We accept payment by check or through Paypal. Through Paypal, you may pay using credit card (Visa, Mastercard, Amex, Discover), Paypal, debit card, or echeck. Please contact us if you have any questions concerning payment.

Signature

Date

Send this application and copies of additional paperwork to:

October Toys
13950 Burbank Blvd. Suite #1
Sherman Oaks, CA 91401

Or fax this application and additional paperwork to:

323.313.1580