



**Authorized Retailer Packet**

**Applicant Company Legal Name ("Company"):**

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**DBAs or Trade Names of Company:**

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**Billing Address:**

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**Physical Address:** (If More Than 1 Location List Below)\*

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**Phone Number**

**Main:** \_\_\_\_\_

**Alternate:** \_\_\_\_\_

**AP Person:** \_\_\_\_\_

**Additional Locations**

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**Owner/Manager**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**\*Buyer/Purchasing (required)**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**\*AP/Bookkeeping (required)**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Additional Personnel**

**Name:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Credit Card Information**

**Cardholder:** \_\_\_\_\_

**Issuer:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Required Signature**

\*\*I have reviewed the Authorized Retailer Purchase Terms (page 4) and the Online Seller Agreement which includes MAP Policy (page 9) and agree to the terms set forth in those policies.

\_\_\_\_\_  
Authorized Applicant Signature

\_\_\_\_\_  
Date

Please note. If you do not plan to sell Features products online you only need to complete pages 1 and 2 of the Authorized Retailer Packet.



## Credit References And Banking Information

### Creditor Information

Creditor Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 email: \_\_\_\_\_

Customer Since: \_\_\_\_\_  
 Current Balance: \_\_\_\_\_  
 Credit Limit: \_\_\_\_\_

Creditor Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 email: \_\_\_\_\_

Customer Since: \_\_\_\_\_  
 Current Balance: \_\_\_\_\_  
 Credit Limit: \_\_\_\_\_

Creditor Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 email: \_\_\_\_\_

Customer Since: \_\_\_\_\_  
 Current Balance: \_\_\_\_\_  
 Credit Limit: \_\_\_\_\_

### Bank Information

Depository Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Customer Since: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 email: \_\_\_\_\_

By signing below the undersigned: (i) represents and warrants that it has the authority to bind the Company; (ii) verifies all the information provided is accurate to the best of undersigned's knowledge; (iii) authorizes Flagship Brands, LLC d/b/a Feetures to contact the above banks and credit references to determine Company's credit worthiness; and (iv) acknowledges that it has received a copy of the Feetures Authorized Retailer Purchase Terms and Conditions, and agrees that the Company shall be bound by the terms thereof. (\*e-signatures will be accepted)

Company Name: \_\_\_\_\_  
 Signature Required \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Amount of Credit Requested \_\_\_\_\_