



FLAIR ACCOUNT APPLICATION FORM

Thank you for your interest to sell FLAIR® Equine Nasal Strips. Please answer all questions that apply and return to Flair office (see contact information below). Include required documents when returning completed application form.

REGISTERED BUSINESS CONTACT INFORMATION

Business Type:	Retailer (sales to consumers)	Distributor (sales to retailers)	Veterinarian
Contact Name:			Title:
Company Name:			Country:
Street:			Suite/Unit:
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
State Issued Business No:	Sales/Use Tax ID No:		
Vet. License No:	Federal Tax ID (FEIN) No:		

Billing and Shipping information, if different from Registered Company address

Billing address:

Shipping address:

TRADE REFERENCES: List three trade references

Company	Contact Name	Phone	Email

ADDITIONAL INFORMATION

Products sold:

Once your account is approved, we will contact you with pricing and ordering information.

IMPORTANT: Attach a copy of Sales Tax Exemption Certificate or Retail License for application to be processed.

FLAIR CONTACT INFORMATION

Customer Service, Flair LLC, PO Box 61, Delano, MN 55328. E-mail: sales@flairstrips.com
 Phone: (763)972-9056 Toll Free: 1-888-683-5247 Fax: (612)430-8616 Website: www.flairstrips.com

Flair Office Use Only: Approved Date _____ Acct ____ Email ____ By _____
 ____ Declined (reason) _____