Non-Profit Agency Purchasing Program Application

Non-Profit Organizations can save 10% on purchases by opening a Non-Profit Account.

Thank you for your interest in our *Non-Profit Agency Purchasing Program*. To begin the program application process, please print and mail this completed application for membership, and required supporting documentation, as detailed below, to:

Phoenix Toys, LLC
Attn: Institutional Sales
PO BOX 550
Baldwin, NY 11510

Please allow 14 days for review of your application; you will be notified if additional information is required. Upon approval, our Institutional Sales Team will contact you.

For questions, please contact our friendly Non-Profit Sales team:

Phone: 866.665.2730
Fax: 516.855.0689
E-mail: sales@phoenixtoysonline.com
Website: www.phoenixtoysonline.com

All applications must include the requested supporting documentation. Processing of applications missing any of the required documentation will be delayed.

<u>Please include the following required information:</u>

☐ Completed, signed Credit Application (Attached)

☐ Completed Tax Exempt Certificate 501(c)(3)

☐ Completed, signed Application Form (Attached)

General Information

Name of Agency: _____

Mailing Address: _____

City: _____   State: _____   Zip Code: _____

Telephone: _____   Fax: _____

e-mail: _____

Web Site: _____

Purchasing Contact Information

Name: _____   Telephone: _____

e-mail: _____
(REQUIRED)

Accounts Payable Contact Information

Name: _____   Telephone: _____

e-mail: _____

Type of Agency:

_____

FOLKMANIS® Puppets

NON-PROFIT ORGANIZATION CREDIT APPLICATION

_____
Name of Agency   Type of Agency   Phone Number   Fax Number

_____
Billing Address   Shipping Address

_____
City   State   Zip   City   State   Zip

Years established: _____

Bank References

1. _____
   Name   Phone Number   Fax Number

   Account Number_____ Contact: _____

2. _____
   Name   Phone Number   Fax Number

   Account Number_____ Contact: _____

Open Accounts References

1. _____
   Name   Phone Number   Fax Number

2. _____
   Name   Phone Number   Fax Number

3. _____
   Name   Phone Number   Fax Number

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ TITLE: _____

Inter Office Use Only   DATE: ____/____/____

CREDIT LIMIT: _____   APPROVED BY: _____