

# Wholesale Request Form (FIESTA ON MAIN®)

Please read, complete, and send Required Documents to (210) 579-1501 or [wholesale@alamofiesta.com](mailto:wholesale@alamofiesta.com)

Please go to: <https://www.alamofiesta.com/wholesale.cfm> for more information.

I, \_\_\_\_\_, agree to read all the terms below and sign the form if I accept them.

1. ) All merchandise will be purchased in bulk quantities and will be re-sold after purchase. I understand that I can only purchase merchandise by case quantities or package minimums determined by Fiesta On Main. Packages or cases cannot be broken into units. (Exceptions apply to some merchandise that quantities are too large to be sold in cases or packages.)
2. ) I am purchasing for a storefront operation, distribution operation, flea market operation, farmer's market operation, carnival or traveling event operation, church fundraising event, school fundraising event, P.T.O. fundraising or I am an active walking or static site peddler. I will provide document proof of my operations.
3. ) I agree and understand of the \$100 minimum first time purchase and \$100 minimum re-order purchase terms.
4. ) I understand the re-order frequency minimums established by the type of operation that I have. (Re-orders should have a frequency of at least three months. Exceptions apply for once a year or seasonal purchasers).
5. ) My place of doing business in not within a 10 mile radius of any of FIESTA ON MAIN'S® locations (Exceptions apply so please contact us if you wish to carry our products.)
6. ) I understand that FIESTA ON MAIN® may deny or revoke my wholesale account at any time without notice and will change prices without notice at any time. I understand that accounts are verified each year for wholesale status. I will have to re-apply for wholesale status if it was revoked or if any change of company information occurs. I understand I cannot transfer my account to another person or company.

### General Business Information *(Please Print)*

Company Name:		Website:
Proof Document#:	Phone:	Fax:
Business Address:		
City:	State:	ZIP:
Second Address:		
City:	State:	ZIP:

### Purchasing Manager or Owner's Information *(Please Print)*

Owner or Purchasing Manager Name:		
Phone #:	E-mail:	Fax:

**Please answer the following questions:**

1. *Type of business?* \_\_\_ Restaurant \_\_\_ Hotel \_\_\_ Retail Store \_\_\_ Service \_\_\_ Peddler \_\_\_ Shows / Seasonal
2. *Use of Merchandise?* \_\_\_ Decoration \_\_\_ Re-Sale \_\_\_ Re-Distribution
3. *Re-purchasing commitment:* \_\_\_\_\_ times a yr.

***I fully agree and will abide by all of the terms stated above. I will re-sale the merchandise after purchase. The form has been completed truthfully and I am aware of all Tax implications.***

<b>Signature of Owner or Authorized Purchasing Manager</b>  X-----	<b>Date</b>
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