



Museum Wholesale, Inc.

573 W. Terrace Dr. San Dimas, CA 91773
(877) 332-2809 Phone • (309) 210-7477 Fax
email: sales@museumwholesale.com

Dear Customer:

Thank you for your interest in our products. Museum Wholesale is the US Distributor for (3) product lines. These products are stocked here in the US and typically ship within 1-2 business days.

Ancient Treasures – historic cultural replicas, Egyptian, Oriental, Greek, Pre-Columbian

Flaires – superior quality incenses and oils from Europe

Parastone 3D-Mouseion – 19th & 20th century masterpieces adapted to statues

website: <http://www.AncientTreasuresUSA.com>;

email: sales@ancienttreasuresusa.com or sales@museumwholesale.com

For Stores, the Minimum opening order is \$100.00. Below minimum orders will be charged a \$5 fee. We prefer credit card payment via American Express, MasterCard, Visa, or Discover cards, but will consider Net 30 accounts for customers with a Dunn & Bradstreet number and an established credit history. If interested, please request a credit application. We prefer you to place your orders on our website so that you can see product availability, new items, obtain order status and tracking numbers.

For Dropshippers, we offer a drop ship program too. Drop ship fees vary from \$4 to \$8 per order based on the items ordered. Item availability, drop ship fees, pictures and descriptions are on our website. In order to provide the best service to you, we prefer you to place drop ship orders through our website so that you can see product availability and new items, obtain order status and tracking numbers.

ACTION: 1) Set up an account on our website; 2) fax or email this application with a copy of your resale or tax ID# and a message on it: “AWAITING ACCOUNT APPROVAL”. After we review your information, we will approve your account on our website. You will then be given instructions on how to download a pricelist via email.

Please feel free to call our Customer Service Department at 877-332-2809 if we can be of any assistance to you. We look forward to working with you!

Kindest Regards, Vanessa Asman, Marketing Assistant

California Resale Certificate

The Board of Equalization of California regulation requires that a valid resale certificate must be present when a California Reseller purchases tangible property for resale. To comply with this regulation, please fill out the following form completely, and fax it back to FAX #909-394-0021 or mail back to Museum Wholesale Inc, 573 West Terrace Dr., San Dimas, CA, 91773.

(Name of Purchaser)

(Address of Purchaser)

I HEREBY CERTIFY: That I hold valid reseller permit No. _____ issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:

that the tangible personal property described herein which I shall purchase from: **Museum Wholesale Inc.** will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased:

Date: _____

(Signature of Purchaser or Authorized Agent in your own handwriting)

(Printed Name of Person signing)

(Title)

(Phone Number)

NOTE: Your resale permit will be verified to confirm it is valid. Until we have this on file, we will be required to charge CA Sales Tax.

Museum Wholesale Inc.

Wholesale Account Information Form

****New Accounts are subject to approval by Museum Wholesale Inc.**

Company Name: _____

Contact Name: _____ Position: _____

Circle type of store: Museum | Cultural | Gifts | Comics | Hobby | Other

Phone #: _____ Fax: _____

Mailing Address Attn: _____

Street: _____ City: _____

State: _____ Zip: _____

Shipping Address Attn: _____

Street: _____ City: _____

State: _____ Zip: _____

E-Mail Address: _____

Business License/Retailers Certificate

Tax ID# or Resale Permit: _____ (attach copy)

Years in Business: _____

Number of Stores: _____ Number of Websites: _____

Payment Method: Credit Card | Prepay Check | Money Order Wire Transfer

Check all that apply: Retail Store Website Catalog Conventions
Kiosk EBay Other

Website Address: _____

Percentage of sales on website(s): _____

Ebay ID: _____ Amazon ID: _____

What is your product mix? _____

Which of our products interest you most? _____

**Museum Wholesale Inc.
Credit Card Authorization Form**

Customer Name: _____

P.O / Invoice Number: "KEEP ON FILE"

Amount: "KEEP ON FILE"

Shipping Address: _____

I Authorize **Museum Wholesale Inc.** to charge my credit card with all applicable charges for the above P.O. / Invoice. I understand that the merchandise purchased in this transaction is final. Items may be returned for credit only:

1. With a written return authorization from Museum Wholesale Inc. only
2. Within 30 days after date of invoice
3. All returns must be in original packaging and condition
4. Custom merchandise and special orders cannot be returned for credit
5. Drop ship fees and shipping costs are not refundable.

I also authorize Museum Wholesale Inc. to charge my credit card the balance (if any) of this P.O. / Invoice if it is not paid within terms.

Type of card: VISA M/C AMEX DISC

Name of issuing bank: _____

Credit Card Number: _____

3 Digit Security #: _____
(Located on the back of card)

Expiration date: _____

Name of cardholder: _____

Billing Address: _____

Signature: _____

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