Xtreme Couture BY RANDY COUTURE

Xtreme Couture Accessories Vendor Application

Firm Name: _____ Phone: _____ Fax: _____

Email Address:_____Website:_____

Mailing Address: _____
Address **City** **State** **Zip**

Shipping Address: _____
Address **City** **State** **Zip**

Proprietorship: _____ Corporation: _____ Partnership: _____ LLC: _____

Year Established: _____ SSN# _____ - _____ - _____ Fed I.D.# _____ -_____

Estimated Annual Purchases: $ _____

Credit Card Information For Orders: (Circle Card Type) Visa Master Card AMEX Discover

Credit Card Number:_____CC Expiration Date:_____

CC Security Code: (3 Digit Code On Back Of Card) _____

Owner(s) or Officer's Names: _____ (2) _____

Home Address: _____ (2) _____

City, State, Zip: _____ (2) _____

Trade References Only: (Complete Information Required)

	Firm Name	**Address**	**Phone**
1)			
2)			
3)			

Printed Name: _____ *Date:* _____

I hereby certify the foregoing to be true to the best of my knowledge.

Signature: _____ Date: _____

Please fax back to 702.407.0898 or mail to Xtreme Couture – 4055 West Sunset Rd – Las Vegas, NV 89118