



P.O. Box 80 • Sonoma, CA 95476 USA • [www.SoffFlexCompany.com](http://www.SoffFlexCompany.com)

Toll Free Phone 866 925 FLEX (3539) • Phone 707 938 3539 • Fax 707 938 3097

Email [Info@SoftFlexCompany.com](mailto:Info@SoftFlexCompany.com)

*Greetings from Soft Flex® Company,*

Thank you for your interest in our products.

In order to receive wholesale pricing, please fill out the following application and fax, email or mail it back to us at your earliest convenience. After we receive and approve the application, you will receive an email with your login and password to shop online. If you prefer not to shop online, you may place your order by calling 707-938-3539 or our Toll Free Phone 1-866-925-3539 (U.S. & Canada Only).

**Here are some reasons to buy direct:**

- Purchase proprietary Soft Flex® Company branded products, including: Econoflex, Soft Flex® professional tools, Bead Stoppers with comfort grips, and more.
- Find one stop shopping for all Soft Flex® wire diameters & colors.
- No minimum order requirement.
- Volume spool pricing available to qualified buyers.
- If we receive your application by noon PST (Mon-Fri), we will most likely review and approve it on the same day.
- If we receive your order by noon PST (Mon-Fri), we will try to offer same day shipping.
- Online shopping gives you secure and direct access to shop at your convenience, 24 hours a day - 7 days a week.
- Access your "Account History" in "My Account" to see previous orders.
- Live support is available for online assistance, Monday - Thursday 7:30am - 4pm (PST) and Friday 7:30am - 3pm (PST).
- 100% Satisfaction Risk Free Guarantee - We are confident that our quality will meet if not exceed your expectations. If you are not satisfied, we promise a refund, credit, or exchange within 45 days of receiving your order (not applicable on special orders).

We appreciate your interest in our products and look forward to exceeding your expectations.

**Best regards,**

Scott Clark & Mike Sherman  
*Soft Flex® Company Owners*



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Email Info@SoffFlexCompany.com

Company Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_  
(if different from above)

Address: \_\_\_\_\_  
\_\_\_\_\_

Bill To Address: \_\_\_\_\_  
(if different from above)  
\_\_\_\_\_

Ship To Address: \_\_\_\_\_  
(if different from above)  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Type of Organization:  Corporation  Partnership  Individual Owner

Number of Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

What are your Business Hours? Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Do you teach classes?  Yes  No If yes, what types of classes? \_\_\_\_\_

\_\_\_\_\_

Do you carry Soft Flex® Products?  Yes  No If yes, which product lines do you carry? \_\_\_\_\_

\_\_\_\_\_



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May we refer customers to you?  Yes  No

How would you define your business?  Bead Store  Craft Store  Gem & Mineral Store

Gift Shop  Design Studio  Fabric Store  Sell out of Home  Trade Show Vendor

Internet Store  Manufacturer  Other \_\_\_\_\_

Principle Owners:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Person In Charge of Accounts Payable: Name \_\_\_\_\_

Phone # \_\_\_\_\_

BUSINESS CREDIT CARD WILL BE REQUIRED AT TIME OF PURCHASE. WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER.

Trade References:

Name \_\_\_\_\_ Contact Person/Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact Person/Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact Person/Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact Person/Phone \_\_\_\_\_

Please complete the above application, sign below, and complete the following **Blanket Certificate of Resale** (US Customers Only) for our files. By signing below, I agree that the above information is true and correct, to the best of my knowledge. I give my permission for Soft Flex® Company, or its agents to contact the above references to inquire about my information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



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## BLANKET CERTIFICATE OF RESALE

US Customers Only

Name of Purchaser: \_\_\_\_\_

Address of Purchaser: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### I HEREBY CERTIFY:

That I hold valid Seller's Permit #: \_\_\_\_\_

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 Soft Flex® Company 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Purchaser or Authorized Agent

\_\_\_\_\_  
Date