



Phantastic Innovations Inc.
www.braballs.com

RETAIL PARTNER AGREEMENT

Thank you for your interest in purchasing from Phantastic Innovations Inc. We have an established Retail Partner Agreement(RPA) that is available to qualifying volume buyers. In order to qualify and receive information on wholesale pricing, please read the following and provide the necessary information. If you have any questions, please contact your account representative at (512)784-0021.

Ordering:

EACH ORDER MUST MEET A \$300 MINIMUM to receive volume discount pricing. This minimum includes both in stock and preordered items. Once accepted into the Phantastic Innovations RPA, you will be given a user ID and password that can be used to access your purchase history. Orders can be placed over the website, emailed, faxed, or phoned in. Orders are filled on a first-come, first-served basis.

Payment:

Payment for merchandise must be made when merchandise is ready to be packed via Visa, Master Card, American Express, Money Order or a Bank Money Transfer in U.S. Funds only.

Shipping:

You are responsible for any and all shipping charges. All shipping charges will be paid directly by you and will be charged to your UPS, FedEx or similar shipper / courier account. If you do not have an account set up with a shipper, your product will be sent via DHL. All shipping charges will be billed to your provided credit card.

Any items requiring shipment within 48 hours after placing the order, or once an item comes in stock, are considered rush orders and will be charged the greater of \$20 or 5% of your order. Rush orders require a minimum of four business hours to process.

Confidentiality:

The information contained in this RPA and the information contained on our website (including pricing information) is confidential. All confidential information will remain Phantastic Innovations Inc. exclusive property, and Phantastic Innovations Inc. disclosure of confidential information will not constitute an express or implied grant to you of any rights to Phantastic Innovations Inc.'s patents, trademarks, copyrights, pricing information, or other intellectual property.

I, _____(print your name) have read and agree to these policies and am authorized to purchase merchandise for _____(your company name). Phantastic Innovations Inc. reserves the right to update or amend these policies at any time.

Signed, _____ Date _____

Required Documents:

- ___ Signed & dated RPA
- ___ Texas Resale Certificate or Blanket Resale Certificate
- ___ Customer Account Information
- ___ Credit Card Authorization

16321 Loch Katrine Ln Ste. D1, Houston, TX 77084, PHONE (512)784-0021, FAX (281)901-5709
rpa@braballs.com



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TEXAS RESALE CERTIFICATE

(Fill out this certificate if your place of business is located in Texas)

(Name of Purchaser)

(Address of Purchaser)

I HEREBY CERTIFY: That I hold a valid seller's permit number _____
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 Phantastic Innovations Inc., a Texas Corporation 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. This certificate shall be considered a part of each order which we shall place. Description of property to be purchased from Phantastic Innovations Inc.: BraBall®

Date: _____
Signature of Authorized Agent: _____
Print Authorized Agent Name / Title: _____
Authorized Agent Phone #: _____

OR

BLANKET RESALE CERTIFICATE

(Fill out this certificate if your place of business is **not** located in Texas.)

I HEREBY CERTIFY: That I am licensed to do business in the State/Province/Country of _____,
and that I hold a valid seller's permit number) _____ (**number issued by your State / Province / Country permitting you to resell items**), that I am engaged in the business of selling (types of product your business sells): _____
the tangible personal property described herein which I shall purchase from Phantastic Innovations Inc. will be resold by me in the form of tangible personal property. This certificate shall be considered a part of each order which we shall place.

Description of property you plan to purchase from Phantastic Innovations Inc.: BraBall®

Date: _____
Signature of Authorized Agent: _____
Print Authorized Agent Name / Title: _____
Authorized Agent Phone #: _____

Please submit a copy of a valid seller's permit with a valid number



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CUSTOMER ACCOUNT INFORMATION

CORPORATE INFORMATION		NEW ACCOUNT Yes or No	NEW OWNERSHIP Yes or No	CORP ID
NAME			DBA NAME	
ADDRESS			COUNTRY	
CITY		STATE	ZIP CODE	
CONTACT NAME		PHONE # () -	FAX # () -	
WHEN WAS YOUR COMPANY ESTABLISHED?		WEBSITE ADDRESS	EMAIL ADDRESS	
TYPE OF BUSINESS (Circle All That Apply) Small Local Lingerie Store Retail Chain(# of stores) Internet Catalogs QVC/HSN International Store				
AUTHORIZED BUYERS (PLEASE INDICATE ADDITIONAL INDIVIDUALS AUTHORIZED TO MAKE PURCHASES ON BEHALF OF THE COMPANY)				
NAME		TITLE		
NAME		TITLE		
NAME		TITLE		
BILL TO INFORMATION		CHANGE Yes or No		
NAME		CONTACT NAME		
ADDRESS				
CITY	STATE		ZIP CODE	PHONE # () -
SHIP TO INFORMATION <input type="checkbox"/> SAME AS BILL TO <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> CHANGE				
NAME		CONTACT NAME		
ADDRESS				
CITY	STATE		ZIP CODE	PHONE # () -
WOULD YOU PREFER TO USE YOUR OWN SHIPPER? Yes or No		IF YES, SHIPPING COMPANY NAME	WOULD YOU LIKE YOUR SHIPMENTS SENT VIA AIR OR SEA?	
SHIPPING COMPANY CONTACT		SHIPPING COMPANY PHONE # () -	SHIPPING ACCOUNT NUMBER	
BANK INFORMATION				
BANK NAME			ACCOUNT NUMBER	
ADDRESS				
CONTACT NAME		PHONE # () -	FAX # () -	
DUNN & BRADSTREET #				
CUSTOMER SIGNATURE			DATE	

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IRREVOCABLE AUTHORIZATION TO PROCESS PAYMENT FROM CREDIT CARD

Date: _____

I, _____, irrevocably authorize Phantastic Innovations Inc.
Authorized Buyer Name

to process payments and shipping charges on the following credit cards for charges incurred by
_____. This form is necessary even if other payment arrangements have been
Company Name

made in case of shipping charges. I understand that by filling out this document I have authorized Phantastic Innovations Inc. to process charges on these credit cards until I have received acknowledgement from Phantastic Innovations Inc., of my written notice expressing my desire to cease and desist use of the credit card.

1. Type of credit card (circle one): Visa MasterCard American Express

Card # _____ Exp. Date: _____ CID # _____

Print name as shown on card: _____

Cardholder Billing Address: _____

City: _____ State _____ Zip: _____

Cardholder's Signature: _____

Cardholder's Address: _____

Total Amount to Be Charged: _____

Cardholder's Signature

Date

Name (Printed)

Title

I, the cardholder, authorize the amount specified above to be charged to my credit card.

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