

Please return this form to Kansas Originals Market .

Phone 913-658-2602

R.R. 1 - Box 8A  
Wilson, KS 67490

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*In addition to sales through Kansas Originals, I would be interested in Marketing through the following:*

*(This is for information only and obligates neither PROF nor the member)*

*Catalog*

*Gift Market*

*Wholesaling to other shops through Kansas Originals*

*Comments:* \_\_\_\_\_  
\_\_\_\_\_