



New Distributor Application

Billing/Shipping Information

Company Name: _____
 Billing Address: _____
 Ship to (if different): _____
 Main Phone: _____ Main Fax: _____ Web Address: _____
 Key Contact: _____ E-mail: _____

Business Information

Check one: Corporation Partnership Proprietorship Subsidiary or Division of _____
 What are the top 4 product categories you sell? 1) _____ 2) _____ 3) _____ 4) _____
 Type of Business: Traditional Catalog National Chain--Branch Internet Seller Others (please specify) _____
 Federal Tax ID _____ Resale Certificate # _____ **Attach a copy of resale certificate** _____
 President: _____ Email Address: _____
 Accounting Manager: _____ Email Address: _____
 Sales Manager: _____ Email Address: _____
 Customer Service Manager: _____ Email Address: _____

We accept all major credit cards as well as payment via PayPal. (3% service fee applies)

If you are interested in having an open account, please complete the following information and credit references.

Credit Information

Bank: _____ Contact Name: _____
 Account No.: _____ Phone: _____
 Complete Address: _____

Trade References

Reference 1: _____ Contact: _____
 Phone No.: _____ Email Address: _____
 Complete Address: _____ Fax number: _____
 Reference 2: _____ Contact: _____
 Phone No.: _____ Email Address: _____
 Complete Address: _____ Fax number: _____
 Reference 3: _____ Contact: _____
 Phone No.: _____ Email Address: _____
 Complete Address: _____ Fax number: _____

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary.

Prepared by (signature) _____ Title _____ Date ____/____/____