

NEW ACCOUNT INFORMATION

Company name: _____

Bill To Address: _____

City: _____ State: _____ Zip: _____

Attn: _____

Ship To(s): A. Address: _____

(If other than Bill To)

City: _____ State: _____ Zip: _____

B. Address: _____

City: _____ State: _____ Zip: _____

Office Phone: (_____) Extn: _____

Direct Line: (_____) Extn: _____

Fax Line: (_____)

Other: (_____) Home Cell

What type of business do you have? _____

Do you have a storefront? Yes No

More than one? If so, how many? _____

Do you have a website(s)? Yes No

If so, what is your web address(es)?

15. Will you be drop shipping the items you purchase from us?

Yes No

If so, what percent of the time will you do this? _____

16. Will you be shipping the items directly to you?

Yes No

If so, what percent of the time will you do this? _____

Do you need a catalog? Wholesale (For your use - Shows your price and suggested retail pricing.)

Retail (For your customer - Shows suggested retail price only, no DBL identifiers.)

Internet access? Yes No (If "Yes", your email address is required.)

Email: _____

People authorized to use this account, other than yourself:

	First Name (required)	Last Name (required)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions: _____

How Did you learn about our product? Please check most appropriate choice.

Internet search Print advertisement Tradeshow/Expositio Recommendation

Authorized Signature _____ Position _____ Date _____

Official use only

Account number _____	<input type="checkbox"/> Domestic Act	<input type="checkbox"/> International Act	By _____
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