

Distributor New Account/ Application Form

PLEASE FILL OUT ALL REQUIRED FIELDS

APPLICANT

Company Name: _____ Customer Code: _____

Street Address: _____

City: _____ State / Territory: _____ Zip / Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Email Address: _____

Taxpayer ID / Social Security #: _____ Approximate Date Business Began: _____

Number of Sales Personnel: _____ Duns #: _____ D & B Rating: _____

Total Sales in Last 12 Months (US \$000s): _____

Specialty Advertising Sales in Last 12 Months (US \$000s): _____

Geographic Territory Covered: _____

A/P Contact: _____ Telephone: _____ Email Address: _____

Buyer: _____ Telephone: _____ Email Address: _____

BANK REFERENCE

Bank: _____ Account #: _____

Street Address: _____ ABA / Swift: _____

City: _____ State / Territory: _____ Zip / Postal Code: _____ Country: _____

Contact _____ Telephone _____ Email Address _____

COMPLETED BY

Applicant Name: _____ Signature: _____

Title: _____ Date: _____