



PRE-PAYMENT DEALER APPLICATION

Company Name (Legal name) : _____

Trade Name (if different than legal name) : _____

Email : _____

Mailing Address : _____

City : _____ County : _____

State : _____ Zip Code : _____

Business Telephone : _____ Business Fax : _____

Initial Order Amount : _____ If referred, specify : _____

Number of Years in Business : _____ DUNS # _____

Sales Tax Exempt Number : _____ **** (Must include copy for account)****

Legal Form of Business : Corporation : Partnership : Proprietorship :

Please define the company as follows: (Please check all that apply)

Promotional/Motivational Products : Advertising agency : Marketing Company :

Other, specify : _____

If applicable, ASI# : _____

PPAI# : _____

Sage# : _____

Other Industry (please specify) : _____ # : _____

What product(s) does your company resell? _____

Please select your User ID & Password to be used for your dealer access:	User ID : <input type="text"/>	Password : <input type="text"/>
	Min 4, Max 10, Letters and/or Numbers only	Min 4, Max 10, Letters and/or Numbers only

All statements made herein are true and accurate to the best of our knowledge. The minimum order is \$100.00 net. Customer is responsible for furnishing complete shipping instructions.

Authorized Applicant Signature : _____

Print Applicant Name : _____

Title : _____ Date : _____