

New Account Request Form

Company Name _____

First Name _____ **Last Name** _____

Tax I.D. # (U.S.A. Retailers E.I.N./ Canadian Retailers GST) _____

Billing Address _____

City _____ **State/Province** _____ **Zip Code** _____

Country _____

Phone 1 _____ **Phone 2** _____

Fax _____

Sign-In Information

E-mail Address (Your Email address will become your login user name)

Password (Password must be 4 to 16 letters and/or numbers)

Optional Information

Business Type

Wholesale Retail/Resale e-Commerce Government

Corporate Others _____

You heard about us from

Google Yahoo AOL Flyer Trade Show

Friends Other _____

Please Fax the Form to 323-722-3028 submitting your request, and we will contact you shortly.