

NEW DEALER APPLICATION

DATE: _____

COMPANY NAME: _____

DBA: _____

BUSINESS LICENSE: _____

RESALE NO: _____

PHONE: _____

FAX: _____

WEBSITE: _____

SHIPPING ADDRESS: _____

BILLING ADDRESS: _____

COMPANY CONTACT: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

PAYABLES CONTACT: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

CHECK OR CIRCLE ALL THAT APPLY. I HAVE A:

- RETAIL STORE •
 - ONLINE STORE •
 - OFFICE/STUDIO •
 - AT-HOME BUSINESS •

DESCRIBE YOUR BUSINESS: _____

HOW DID YOU HEAR ABOUT MARSUPIAL?

(GOOGLE, FACEBOOK, TWITTER, BLOG, AD, ETC.)

WOULD YOU LIKE TO BE LISTED ON OUR

WEBSITE DEALER LISTINGS? _____

CREDIT APPLICATION

(FILL OUT ONLY IF YOU WOULD LIKE TO APPLY FOR TERMS)

BANK NAME: _____

BANK ADDRESS: _____

BANK CONTACT: _____

BANK PHONE: _____

REFERENCE #1

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

ACCOUNT #: _____

REFERENCE #2

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

ACCOUNT #: _____

REFERENCE #3

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

ACCOUNT #: _____

I HEARBY STATE THAT THE ABOVE INFORMATION IS VALID AND IS SUBMITTED FOR THE PURPOSE OF ESTABLISHING A NEW ACCOUNT WITH MARSUPIAL POUCHES & PAPERS. I AGREE TO THE RELEASE OF TRADE AND BANK INFORMATION (IF APPLICABLE) FOR SUCH PURPOSE.

SIGNATURE

DATE

PRINTED NAME/TITLE