

Distributor Account Registration Form

Please complete all fields in block capitals. This form is for account registration and record-keeping purposes.

1. Company Information

Legal Company Name:

DBA (Doing Business As), if applicable:

Federal Tax ID / EIN / Business Registration Number:

Type of Business (e.g., Corporation, LLC, Partnership, Sole Proprietorship):

Company Website:

2. Contact Information

Primary Contact Person:

Job Title:

Phone Number:

Email Address:

3. Address Details

Business Address

Street Address:

City:

State / Province / Region:

ZIP / Postal Code:

Country:

Shipping Address (If different from Business Address)

Street Address:

City:

State / Province / Region:

ZIP / Postal Code:

Country:

4. Financial & Payment Information

Accounts Payable Contact Name:

Accounts Payable Email:

Preferred Payment Method (e.g., ACH, Wire, Check, Credit Card):

5. Authorization and Signature

By signing below, the distributor applicant certifies that all information provided in this registration form is true, correct, and complete.

Authorized Representative Name:

Title:

Signature (For Print/Physical Signing):

Date (MM/DD/YYYY):