

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 ALL THAT APPLY. I HAVE A:
• RETAIL STORE •
• ONLINE STORE •
• OFFICE/STUDIO •
• AT-HOME BUSINESS •

DESCRIBE YOUR BUSINESS: _____

HOW DID YOU HEAR ABOUT MARSUPIAL?
(PLEASE BE AS SPECIFIC AS POSSIBLE) _____

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 INFORMATI-
ON (IF APPLICABLE) FOR SUCH PURPOSE.

SIGNATURE _____ DATE _____
PRINTED NAME/TITLE _____