

INFORMATION

COMPANY NAME:			
BILLING ADDRESS:		CITY/STATE/ZIP:	
SHIPPING ADDRESS:		CITY/STATE/ZIP:	
PHONE:		FAX:	
CONTACT EMAIL:		WEBSITE URL:	
FEDERAL TAX ID:		DUNNS #:	
EULER ID: (IF YOU HAVE ONE)			

I am interested in becoming an Authorized Reseller. Yes No

Send me all Re-seller Tools, Color Charts, Posters.

Place me in your Authorized Re-Seller List.

PAYMENT TERMS:

The initial order from all new re-sellers must be paid either by credit card or electronic check by phone.

Please fax or mail this application to us at 1-818-758-9022 • 18345 Ventura Blvd. Suite 316, Tarzana, CA 91356.

Please print and fill our Terms and Conditions page along with our Credit Application and fax or mail to us.

Upon receipt of your application you can expect a response within 48 hrs.