		FJ	C Distributor A	pplication	E		
Compa	ny Name						
	Business						
Resale attache	Tax # (cert must also be ed)						
Affiliate	ed with (dba)						
Bill to A	Address						
Ship to	Address						
Principa	al Partner Names		PHONE NUMBER	EMAIL ADDRESS			
ADDITI	ONAL STAFF NAMES		PHONE NUMBER	EMAIL ADDRESS	POSITION		
AUTOMATED REFERENCE COUNT		NOTES:	Must have 3 credit Re				
Y/N	Supplier	Address	Fax #	Phone #	Email	Acct #	

We certify that all information on this form is correct. We fully understand your credit terms and agree

to the proper payment.

Date:

Accepted by:

Position:

Authorized Signature (Officer of Company)