240 N. Sunway Dr. Suite 100
Gilbert, AZ 85233
Phone: 480-747-0230 Fax: 480-497-4244

Retailer Sign-Up Form

Business Name: _____

Contact Name/Owner: _____

Address: _____

City: _____State:_____Zip Code:_____Country:_____

Email: _____Website:_____

Phone Number: _____ Fax Number:_____

Federal Tax ID Number (or SSN): _____

Business Type: *(circle one)* Corporation Partnership Individual LLC

Referred by: _____

Referral Phone Number: _____Email Address: _____

***Must submit a picture of your store front and a picture of inside the store with form if applicable.**

Trade Reference #1

Company Name: _____

Address: _____

City: _____State:_____Zip Code:_____Country:_____

Email: _____ _____Website:_____

Phone Number: _____Fax Number:_____

Account Number for Trade Reference #1:_____

Trade Reference #2

Company Name: _____

Address: _____

City: _____State:_____Zip Code:_____Country:_____

Email: _____ _____Website:_____

Phone Number: _____Fax Number:_____

Account Number for Trade Reference #1:_____

Trade Reference #3

Company Name: _____

Address: _____

City: _____State:_____Zip Code:_____Country:_____

Email: _____ _____Website:_____

Phone Number: _____Fax Number:_____

Account Number for Trade Reference #1:_____

I authorize Battle Foam, LLC to set up a Customer Account. I attest that the information given above is correct and may be used to investigate for purposes of establishing a customer account. If any business information changes, Battle Foam, LLC will be notified within 14 days.

Printed Name: _____Title: _____

Signature: _____Date: _____

----------FOR OFFICE USE ONLY----------

Accounting Manager: _____Date: _____

Sales Supervisor: _____Date: _____