



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

**Retailer Sign-Up Form**

Business Name: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax ID Number (or SSN): \_\_\_\_\_

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

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

Referred by: \_\_\_\_\_

Referral Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Shipping Address (if different from above):**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Trade Reference #1

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Account Number for Trade Reference #1: \_\_\_\_\_

Trade Reference #2

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Account Number for Trade Reference #2: \_\_\_\_\_

I authorize Battle Foam® 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® will be notified within 14 days.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Accounting Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Sales Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_