



c/o Retail Management Solutions  
16638 Arminta Street  
Van Nuys, CA 91406, USA

### New Customer Information Form

|              |
|--------------|
| Company name |
|--------------|

|                 |                  |
|-----------------|------------------|
| Billing Address | Shipping Address |
|-----------------|------------------|

|       |     |
|-------|-----|
| Phone | Fax |
|-------|-----|

|             |
|-------------|
| Main E-mail |
|-------------|

|                                      |                                      |  |                                |
|--------------------------------------|--------------------------------------|--|--------------------------------|
| Check One                            |                                      |  |                                |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Other |

|                       |                        |                 |
|-----------------------|------------------------|-----------------|
| Year Business Founded | State of Incorporation | Federal Tax ID# |
|-----------------------|------------------------|-----------------|

|                                |                                     |                                  |                                |
|--------------------------------|-------------------------------------|----------------------------------|--------------------------------|
| Type of Retailer               |                                     |                                  |                                |
| <input type="checkbox"/> Store | <input type="checkbox"/> e-Commerce | <input type="checkbox"/> Catalog | <input type="checkbox"/> Other |

|            |       |        |
|------------|-------|--------|
| Buyer name | Phone | E-mail |
|------------|-------|--------|

|                 |       |        |
|-----------------|-------|--------|
| Accounting name | Phone | E-mail |
|-----------------|-------|--------|

|       |       |        |
|-------|-------|--------|
| Other | Phone | E-mail |
|-------|-------|--------|

|                   |          |             |
|-------------------|----------|-------------|
| Preferred Carrier | Account# | Instruction |
|-------------------|----------|-------------|

|                               |
|-------------------------------|
| Special Shipping Instructions |
|-------------------------------|

|                                 |                              |                                      |
|---------------------------------|------------------------------|--------------------------------------|
| Preferred Invoice Method        |                              |                                      |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Fax | <input type="checkbox"/> Mailed Copy |

|                                      |                                 |   |
|--------------------------------------|---------------------------------|---|
| Terms                                |                                 |   |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Net 30 | <input type="checkbox"/> Deposit/Full Payment |