

# Retailer Onboarding

## Customer Information

Company Name

Your Name

Title

Company Email Address

Business Phone

Cell Phone

Sales Tax #

Mailing Address

Street

City

State

ZIP

## Payment Information

Is someone else responsible for issuing payment?

Name

Title or Department

Company Email Address

Business Phone

Cell Phone

If any information for this person is different from yours above, please complete the following:

Mailing Address

Street

City

State

ZIP

## Secondary Contact

Please provide the following for a corporate officer or owner:

Name

Title

Phone

Email

Delivery Information Please provide any delivery or parking information we need. (500 characters, optional)

**Payment Terms** Our payment terms are 50% at time of order by credit card, and balance is due when your order is received. We accept business checks and credit card payments. Payments made by credit card incur a 4% bank fee. Checks returned for any reason are assessed a \$35 return check fee. Any payment that is 7 days past due will be assessed a \$15 late fee plus 18% annual interest monthly. Please check this box to confirm you agree to these terms.

**Marketing Support**

Please provide your website address, and your social media accounts if possible. We will add you to our website and promote your business on our social media accounts.

**Website:**

**Instagram:**

**Facebook:**

*Remember to attach your company logo or an image we should use on our website to the email you received with this document.*

**Is there any additional information we need to serve you best? (500 characters, optional)**

**By signing below, you agree that you are authorized to make purchases for the above-mentioned company.**

**E-Signature**