



New Account Application Form

General Information:

Company Legal Name: _____ D.B.A _____

Years in Business: _____ Business Start Date: _____ State of Incorp.: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number _____ Fax _____

Email Address: _____

Officer Name(s): _____ Title(s): _____

Buyer's Name: _____

Buyer's Phone: _____ Buyer's Email: _____

DUNS Number: _____

Resale Certificate: _____ Please provide Resale Certificate copy.

Federal Tax ID Number: _____ Please provide a copy of the signed W9 document.

Business Annual Revenue in \$: _____

Estimated Annual QM Distributors Purchases in \$: _____

Do you sell online (Amazon, eBay, Walmart, Own Website, etc.)? Yes No

Please list ALL online and physical store addresses:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



Bank Reference:

Bank Name: _____ Officer: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Checking Account #: _____ Savings Account #: _____

Business Trade References (List at least 3):

1. Company name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ E-mail: _____
Phone: _____ Fax #: _____
Account Terms: _____

2. Company name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ E-mail: _____
Phone: _____ Fax #: _____
Account Terms: _____

3. Company name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ E-mail: _____
Phone: _____ Fax #: _____
Account Terms: _____

Authorization:

I certify that all information on this form is correct. By submitting this application, we authorize QM Distributors to inquire into the banking and trade references provided above.

Printed Name: _____ Title: _____

Officer Signature: _____ Date _____