



New Account Registration Form

First Name: _____ Last Name: _____

Company Name: _____ Years in Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number (_____) _____ Fax (_____) _____

Email Address: _____

Additional Email Address: _____

Tax Exempt (Check): Yes No If yes, please provide copy of Tax Exempt Certificate

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

Do you sell online (Amazon, eBay, Walmart, Own Website)? (Check): Yes No

Tell us a little about your business:

Signature of
Owner/Principal/Office/Proprietor

Date

Office (786) 759-0203

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