



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

Retailer Sign-Up Form

Business Name: _____

Contact Name/Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____ Website: _____

Phone Number: _____ Fax Number: _____

Federal Tax ID Number (or SSN): _____

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

Referred by: _____

Referral Phone Number: _____ Email Address: _____

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

Trade Reference #1

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____ Website: _____

Phone Number: _____ Fax Number: _____

Account Number for Trade Reference #1: _____

Trade Reference #2

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____ Website: _____

Phone Number: _____ Fax Number: _____

Account Number for Trade Reference #1: _____

Trade Reference #3

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____ Website: _____

Phone Number: _____ Fax Number: _____

Account Number for Trade Reference #1: _____

I authorize Battle Foam, LLC 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, LLC will be notified within 14 days.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

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

Accounting Manager: _____ Date: _____

Sales Supervisor: _____ Date: _____