



RESELLER ACCOUNT APPLICATION

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CONTACT INFORMATION

EZRANGE ONLINE ACCOUNT LOGIN NAME (Please register a FREE account at <http://www.ezrange.com>)

COMPANY NAME		DBA / TRADE NAME	
CORPORATE ADDRESS	CITY	STATE	ZIP CODE
CONTACT	TEL	E-MAIL	
PURCHASING CONTACT	TEL	E-MAIL	
PRESIDENT / OWNER	TEL	E-MAIL	

COMPANY PROFILE

DATE OF ESTABLISHMENT	TIME AT CURRENT ADDRESS	ANNUAL SALES VOLUME	# OF EMPLOYEES	TARGET CUSTOMERS
D & B #	D & B RATING	SELLER'S PERMIT #	FEDERAL TAX ID #	
Type of Business: <input type="checkbox"/> Corporation in State of _____		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	Tax Status: <input type="checkbox"/> Taxable
<input type="checkbox"/> Limited Liability (LLC)		<input type="checkbox"/> Educational	<input type="checkbox"/> Tax-Exempt	

BANK REFERENCES (A)

BANK NAME	CONTACT	TEL	FAX
ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT 1	DATE OPENED	ACCOUNT 2	DATE OPENED

BANK REFERENCES (B)

BANK NAME	CONTACT	TEL	FAX
ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT 1	DATE OPENED	ACCOUNT 2	DATE OPENED

TRADE REFERENCES (A)

COMPANY	TEL	FAX
ADDRESS	CITY	STATE ZIP CODE
CONTACT	ACCOUNT NUMBER	TERMS / CREDIT

TRADE REFERENCES (B)

COMPANY	TEL	FAX
ADDRESS	CITY	STATE ZIP CODE
CONTACT	ACCOUNT NUMBER	TERMS / CREDIT

By signing, I hereby certify all information on this application is correct and authorize EZRange and all contact parties listed above included bank and trade references to release my information for the purpose of verification. My signature also signifies my personal guarantee and full responsibility for all purchases made through my company.

X _____	_____	_____
AUTHORIZED SIGNATURE	PRINT NAME / TITLE	DATE