

OLIVIA RIEGEL

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Account Setup Form

Company Name:				
Business description	n:			
Store front: Yes	No			
Website: Yes	No	Address:		
Webstore: Yes	No			
				; If yes, please supply link t
Mailing address:				
Shipping address:				
Phone:			Fax:	
E-Mail:		We	b address: _	
Your name & title: _				
How did you hear al	oout us?: _			
3 vendors you curre	ntly carry:			

Please include a copy of your sales tax/resale certificate (state issued, not your federal EIN) and fax to 817-861-1115