



CO. NAME:		
ADDRESS:		
CITY	STATE / PROV	
ZIP / POSTAL	COUNTRY	
PHONE	FAX	

EMAIL ADDRESSES:

ACCOUNT ACTIVATION	
ORDER CONFIRMATION	
SHIPMENT TRACKING	
CREDIT	
INVOICES / STATEMENTS	

PRIMARY ACCOUNT CONTACT		TITLE	
EMAIL ADDRESS			
PHONE #		MOBILE #:	

BUSINESS TYPE? (Please describe below)	ASI #		PPAI #		SAGE #		PPPC #	
UNIFORM	Sc PRINT		PROMO		EVENT		LICENSE	
RETAIL	EMBROID							

SHIPPING ADDRESS (if different)

ADDRESS:		
CITY	STATE / PROV	
ZIP / POSTAL	COUNTRY	
PHONE	FAX	

US / Fed Tax ID (EIN) or Canda/Rev Can BN:		STATE TAX ID or CANADA HST/GST #	
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- PLEASE ATTACH A COPY OF YOUR STATE RESALE CERTIFICATION & W-9 TAXPAYER IDENTIFICATION NUMBER CERTIFICATION
- TO RECEIVE NET 30 DAY TERMS, PLEASE COMPLETE THE ATTACHED CREDIT APPLICATION.
- ZORREL ENGAGES SEVERAL CREDIT BUREAUS TO MANAGE OUR ACCOUNTS RECEIVABLE; AND ULTIMATELY COLLECTION AGENCIES TO COLLECT BAD DEBT.

**RETURN VIA FAX: 816-765-3228 or RETURN VIA EMAIL: cs@zorrel.com**