

Please complete all sections below. Return the completed form to [accounts@libertyshoresoutdoor.com](mailto:accounts@libertyshoresoutdoor.com) or fax to (800) 555-0199. Your account will be reviewed within 2–3 business days.

## 1 - BUSINESS INFORMATION

**Business Name \***

**Legal Name / DBA (Doing Business As)**

**Business Address \***

*Street address (no P.O. Box)*

**City \***

**State \***

*2-letter code*

**ZIP Code \***

**Phone \***

**Fax**

**Website**

**Email \***

*Primary business email*

## 2 - BUSINESS DETAILS

**Type of Business \***    Corporation    Partnership    Sole Proprietorship    LLC    Other: \_\_\_\_\_

**Years in Business \***

**Federal Tax ID / EIN \***

*XX-XXXXXXX*

**State Resale / Tax-Exempt No.**

## 3 - PRIMARY CONTACT

**Contact Name \***

*Title / Position*



**Direct Phone \***

*Email \**



## 4 - BILLING INFORMATION

Same as Business Address

**Billing Address**

*Street address*

**City**

**State**

**ZIP Code**

**Accounts Payable Contact**

*A/P Phone*

A/P Email

## 5 - SHIPPING INFORMATION

Same as Business Address

### Shipping Address

*Street address / No P.O. Box*

City

State

ZIP Code

### Shipping Contact

*Phone*

### Shipping Email

**Dock / Lift Gate \***     Loading Dock     Lift Gate Required     Neither

### Shipping Notes / Special Instructions

*Carrier preferences, delivery windows, etc.*

Customer Signature

Customer Name

Title

Phone