



Business Profile

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Business Information

* Required Fields

Please Print or Type

Customer ID: _____

* Legal Business Name: _____

* Doing Business As: _____

* Billing Address: _____

* City: _____ *State: _____ *Zip+4: _____

For Past: _____ Years * Phone: _____ * Fax: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Website: _____ E-mail: _____

Former Business Address: (If less than 5 years) _____

Type of Business: _____ How Long in Business: _____

* Federal Tax ID Number: _____

* Resale License Number: _____
Required for California

Trade References (Name suppliers of major products and services)

Company Name	Phone	Fax	Account #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Bank Reference (*Required for C.O.D. Accounts)

Name	Acct. #	How Long
_____	_____	_____

Contact	Phone	Fax
_____	_____	_____

How did you hear about us:

- Magazine Article
 Internet Search
 Trade Show: _____
 Direct Mail
 Company/Friend
 Other: _____

The undersigned warrants that the information is true and correct and authorizes the release of such information by signature here. Please Note: This is NOT an application for Net terms.

* Signature

* Date

* Name

* Title