



brand studios

Business Profile

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:

| | | |
|---|--|--|
| <input type="checkbox"/> Magazine Article | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Trade Show: _____ |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Company/Friend | <input type="checkbox"/> 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 _____

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