



Custom Grafix



Application For Drop Ship Account

Name of Firm: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

DBA: _____ Corporation: _____

Name of Purchasing Agent: _____

Years in Business: _____

Sales Tax Number: _____

URL: _____

Email Address: _____

Signature

Title

Date