



phone: (603) 532-4239 fax: (603) 532-5662 email: kbaird@ddbean.com web: http://www.ddbean.com

Vendor Registration Form

1. Federal Tax Identification or Social Security Number: (9 digit number)

Please Check One: Individual Partnership Sole Proprietorship Corporation

2. Order and Inquiry Mailing Address:

Company:			
Address:	City:	State:	Zip:
Phone Number: () -	Fax Number: () -		
E-mail Address:	Toll Free: () -		
Contact: Mr. () Ms. ()	Web Site Address:		
Please indicate if your catalogs are available on multimedia format: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Shipping Terms:			

3. Remittance Mailing Address: (if different from above)

Name:			
Address:	City:	State:	Zip:
Phone Number: () -	Fax Number: () -		
E-mail Address:	Toll Free: () -		
Contact: Mr. () Ms. ()	Contact Title:		
Payment Terms:			

4. Type of Organization

Manufacturer Retailer Wholesale/Distributor Services Only Broker Manufacturers Rep.

5. Reference: (list name, address, and phone number)

6. Company Officials: (identify the two highest officers of this company or division)

1. <input type="text"/>	2. <input type="text"/>
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7. Commodities/Services Your Company is Interested in Supplying:

(You are encouraged to forward a line card, sales brochures, etc., with this application.)

8. Please provide any additional information you desire on the back of this form.

Signature: _____ Date: _____

Typed or Printed Name: _____ Title: _____

(signature of person completing this application)