



# Dealer Setup Sheet

Business Name:

Contact Person:

E-mail address:

Billing Address:

City:

State:

Phone Number:

Fax Number:

Shipping Address:

City:

State:

Phone Number:

Fax Number:

Tax ID number

Preferred method of Payment: MC    Visa    Discover    Amex

Ordering Platform ID/ Password

Preferred Dealer Option: Branded v. Non-Branded

Pest Control State Licensing Number:

Signature : \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ /2011