

Drew Shoe Corporation



berkemann

NEW ACCOUNT INFORMATION FORM

Preferred Shipping Method

Do you have an online store ? Y N_____

If so under what name (s) do you sell under _____

What platforms (Amazon, Ebay, etc) do you use to host your products _____

Separate authorization will be needed if you are plan to put any Drew Shoe Co products online.

Without this prior authorization your account status will be terminated.

Type of Busniess: Distributor_____ DME_____ Good Feet_____ Mail Order_____ Foot Solutions_____
(check all that apply)

Online_____ O & P_____ Podiatry_____ Brick & Mortar Retail_____ V.A._____

BILL TO

COMPANY DATA

SHIP TO

NAME:

NAME:

ADDRESS:

ADDRESS:

CITY,STATE,ZIP

CITY,STATE,ZIP

A/P CONTACT

PURCHASING CONTACT

PHONE

E-MAIL

FAX

E-MAIL FOR B2B - if possible utilize one that won't change

E-MAIL for invoices

EMAIL

Please list at least 2 suppliers as Trade References:

NAME

PHONE

FAX (Must Include)

1

2

OWNERSHIP

Type of Entity: Sole Proprietorship_____ Partnership_____ Corporation_____

Will Principals Personally Guarantee Account? Yes _____ No _____

The owners signature (below) must be included to activate an account

Print Name

Signature

Title

Date

EIN/TIN Number _____

D_U_N_S Number (if applicable) _____

RETURN FORM TO

DREW SHOE

accountsreceivable@drewshoe.com

or FAX 740-475-0316

Sales Rep approval_____

Sales Manager approval_____