

Drew Shoe Corporation



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: _____

ADDRESS: _____

CITY,STATE,ZIP _____

A/P CONTACT _____

PHONE _____

FAX _____

E-MAIL for invoices _____

NAME: _____

ADDRESS: _____

CITY,STATE,ZIP _____

PURCHASING CONTACT _____

E-MAIL _____

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

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 _____