



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"/>
-------------------------	-------------------------

## 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)