



Vendor Application Form

Please Email this form to Sales@Magnipros.com, and put *New Application* on the subject line.

*The following information must be completed to the best of your knowledge and will be kept in the strictest confidence.

Company Name:			
Phone:	Fax:	Website:	
Contact Person:		Title:	
Owner's Name(if different from above):			
Business Address:			
City:	State:	Zip Code:	Country:
Billing Address(If different from above):			
City:	State:	Zip Code:	Country:
State Resale#:		EIN:	
When was the business established?			
Which industry are you currently in?			
What are your selling channels? And Where would you sell our products?			
Customers with Net Terms must fill out the following information			
Title	Name	Social Security#	Phone and Email Address
Payment Terms:			
<input type="checkbox"/> COD/CASHIER CHECK		<input type="checkbox"/> CREDIT CARD	
<input type="checkbox"/> COD COMPANY CHECK		<input type="checkbox"/> TT-WIRE TRANSFERS	

Please contact us if you have any questions or concerns:

1.888.507.8962 (M-F, 8:30am-5pm PDT)

Sales@magnipros.com