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Salesperson: \_\_\_\_\_

**New Account Application (ALL FIELDS MUST BE FILLED OUT FOR APPROVAL)**

**BUSINESS INFORMATION**

Legal Name: _____	DBA: _____	Contact Person: _____
Address: _____		
City: _____	State: _____	Zip: _____ Country: _____
Tel: _____	Fax: _____	E-Mail: _____
Company's Website: _____		
Incorporated in State: _____	Year: _____	
Sales Channels (Specify intended sales targets): _____		
Payment Method: Check ___	Credit Card ___	Payment Term ___ Shopping Cart Payment ___
_____	_____	_____
Owner's Name	Annual Sales (\$)	Number of Employees(Full Time)
_____	_____	_____
Applicant's Signature	Applicant's Name	Applicant's Title

Was the application approved? _____	Approved By: _____	Date: _____
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Remarks Please return the application along with business documents associated with the company.
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sales@wanhao3dprinter.com



No. 501, No.18 Zhenshan Road, Changkou Town, Fuyang district, Hangzhou City,Zhejiang Province, China.