



**FLASHFORGE USA INC.™**

www.flashforge-usa.com

Tel: 626.322.3855  
17747 Railroad St., City of Industry, CA 91748

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 <input type="checkbox"/>	Credit Card <input type="checkbox"/> Payment Term _____ Shopping Cart Payment <input type="checkbox"/>
_____	_____	_____
Owner's Name	Annual Sales (\$)	Number of Employees (Full Time)
_____	_____	_____
Applicant's Signature	Applicant's Name	Applicant's Title

**Internal Use Only**

Was the application approved? _____	Approved By: _____	Date: _____
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**Remarks**

Please return the application along with business documents associated with the company.

Dealer agreement will be sent with price list upon approval. NO EXCEPTION.

Decision of approved dealers will be informed in the order of applications received.