

DISTRIBUTOR & BUYER APPLICATION

CONTACT INFORMATION

Name:		
Job Title		Phone:
Work Address:		
City:	State:	ZIP Code:

COMPANY INFORMATION

Company Name:		
Shipping Address:		Founded:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
EIN:	Reseller's Permit:	Annual Revenue:
Company Type:	Website:	
Duns # (Optional):		

MARKET INFORMATION

Products currently being sold:
Distribution International or National:
Number of Stores:

INTERESTED PRODUCTS (CHECK = YES; BLANK = NO)

Bookmarks	Postcards
Greeting Cards	Framed Prints
Magnets	Canvas Prints

COMMENTS

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ONLINE MEMBERSHIP

Username:	Password:
Email:	Name:

SUBMIT VIA FAX OR EMAIL

Email: support@matthewsdigitalprints2.com	Use Subject Line: Buyer Application
Fax: +1-509-758-0236	

Matthew's Digital Prints

509-254-1932

www.matthewsdigitalprints.com