



New Customer/Dealer Registration

Date: _____

Company: _____

Name: _____

Owner Principle Buyer Others: _____

Company Address _____

City _____
State _____ Zip Code _____

Shipping Address _____

City _____
State _____ Zip Code _____

Phone _____

Fax _____

E-Mail _____

Website _____

Which describes your business best?

Apparel Retailer Team Dealer Screen Print/Decorator
 Distributor/Wholesaler Ad Specialty Distributor Others _____

Resale # or Tax ID # _____ Registered in State of _____

Affiliations: ASI# _____ SAGE# _____ PPAI# _____ Others _____

How did you learn about Expert? _____

Annual Sales Volume in Apparel _____ Years In Business _____

Payment Method: Net30 Credit Card COD Others _____

* For COD, Cashiers Check or Money Order Only

Please fillout a credit application & submit it with at least three references to set up terms with Expert Performance

Comments:

Your Sales Rep. is _____
Phone _____ E-mail _____