The Distribution Group Llc
New Account Form

63 FLUSHING AVE
BUILDING #27
BROOKLYN, NY 11205

Sales@thedistributiongrp.com
T: 718-709-8734

BILL TO DETAILS

Contact Name:			
Company Name:			
Phone:	Fax:	E-mail:	
Mailing Address:			
City:		State:	ZIP Code:
Country:			
Sole proprietorship:	Partnership:	Corporation:	Other:

SHIP TO DETAILS

Company Name:			
Shipping Address:			
City:		State:	ZIP Code:
Country:			
Telephone:	Fax:	E-mail:	
Contact Name:			
Receiving Hours:			
Does the shipping address have a loading dock?			

AGREEMENT

1. All invoices are to be paid in full prior to shipping via bank wire transfer.
2. By submitting this form, you authorize MVP Trading Co., Inc. to set up an account.

SIGNATURES

Title: Date:	Title: Date:

***Please submit the completed form along with a copy of your business license and state issued sales tax permit via email to sales@thedistributiongrp.com**

The Distribution Group Llc
New Account Form

BLANKET CERTIFICATE OF RESALE

This is to certify that I am licensed to do business in the State of _____, and that all material, merchandise, and/or goods purchased by the undersigned from The Distribution Group LLC. after *(Date:)*_____ is purchased for the purpose of resale as tangible personal property. This certificate shall be considered a part of each order which we shall place.

Purchaser's Name **Purchaser's Sales Tax Registration No.**

_____

Street Address

_____

City **State/Province** **Country** **Zip**

_____

Applicant's Printed Name **Applicant's Signature** **Date**

_____