

Dr. Scabies® - Distributor Account Application

Please note: In order to process your application, a signature must be provided and all fields must be filled in. Use N/A if question does not apply. Along with this form, a completed contract is required.

COMPANY INFORMATION

COMPANY NAME			
EMAIL		WEBSITE	
PHONE NUMBER		FAX NUMBER	
BILL TO ADDRESS		CITY	
STATE	ZIP	COUNTRY	
SHIP TO ADDRESS		CITY	
STATE	ZIP	COUNTRY	
DELIVERY HOURS	RECEIVER/WAREHOUSE CONTACT		CONTACT PHONE
BUSINESS STRUCTURE	CORPORATION <input type="radio"/>	LLC <input type="radio"/>	SOLE PROPRIETORSHIP <input type="radio"/>
OWNER NAME (IF SOLE PROPRIETORSHIP)		TAX ID	
BUYER'S NAME		BUYER'S PHONE	
ACCOUNTS PAYABLE CONTACT		ACCOUNTS PAYABLE PHONE	
CURRENT BROKER/BROKER GROUP (IF APPLICABLE)			



DC / WAREHOUSE ADDRESS 1		CITY	
STATE	ZIP	COUNTRY	PHONE
DC / WAREHOUSE ADDRESS 2		CITY	
STATE	ZIP	COUNTRY	PHONE
DC / WAREHOUSE ADDRESS 3		CITY	
STATE	ZIP	COUNTRY	PHONE

ONLINE STORE* INFORMATION (IF APPLICABLE)

URL	URL
URL	URL

*All online stores must be authorized and a contract with MAP policy must be signed. Dr. Scabies® will terminate the sale of its products to any retailer that does not comply with these terms and conditions.

Please note: We do not allow repackaging of any Dr. Scabies® products.

Would you want to be included on our online store locator page? YES NO

PRINTED NAME	
SIGNATURE	DATE