

OWNER NAME	DATE
COMPANY NAME	DBA
BUSINESS LICENSE	RESALE NO
DOING BUSINESS SINCE	
PHONE	FAX
WEBSITE	
SHIPPING ADDRESS	
BILLING ADDRESS	
EMAIL	
<p>CHECK ALL THAT APPLY:</p> <input type="checkbox"/> RETAIL STORE <input type="checkbox"/> ONLINE STORE <input type="checkbox"/> OFFICE/STUDIO <input type="checkbox"/> AT-HOME BUSINESS <input type="checkbox"/> MOBILE BUSINESS	
DESCRIBE YOUR BUSINESS	
HOW DID YOU HEAR ABOUT MARSUPIAL?	

Be sure to include a copy of your **valid business license**.
 We'll be in touch when we approve your account.