

DATE	
COMPANY NAME	DBA
BUSINESS LICENSE	RESALE NO
PHONE	FAX
WEBSITE	
SHIPPING ADDRESS	
BILLING ADDRESS	
EMAIL	
CHECK ALL THAT APPLY: <input type="checkbox"/> RETAIL STORE <input type="checkbox"/> ONLINE STORE <input type="checkbox"/> OFFICE/STUDIO <input type="checkbox"/> AT-HOME 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.**