



Thank you for your interest in our drop ship program. In order for your account to be considered the following information is required. Please fax the information listed below to 201-848-6868.

Company Name: _____

Billing Address: _____

Phone Number: _____

Website address: (must be active at time of application) _____

Email Address: _____

Owner or Authorized Purchaser: _____

Tax ID # _____

Estimated monthly orders: _____

Qualified partners will be offered a 20% discount off our published retail prices along with special shipping rates. There are no membership fees nor monthly minimums for our drop ship program. Upon approval a credit card authorization form will be required. All orders are charged against the credit card on file at time of shipment.

Thank you for your interest in our products. We are only offering this program to a few carefully selected businesses who we feel exhibit the same quality, reliability and customer satisfaction as we pride ourselves in maintaining.