



NEW DISTRIBUTOR FORM

Distributor Name _____ Date _____

Phone _____ Fax _____ Website _____

Billing Address:	Shipping Address:
_____	_____
_____	_____
_____	_____
_____	_____

Purchasing Contact Name _____ Email _____

Accounts Payable Contact Name _____ Email _____

Invoicing Email _____

Mark an X here to receive ACH Banking Information ___ Email to _____

Sales Manager Name _____ Email _____

Customer Service Mgr Name _____ Email _____

****Please return this form along with the following items. Please make sure to fill out form completely.**

- Credit/Bank References
- W-9 Tax ID Form
- ST3 Sales Tax Exempt Form (MN only)

Signature (person completing form)	Date	Title
_____	_____	_____

*****Please return complete form and requested information to sales@ntminc.com**