

APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name: _____

Address: _____

City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	

Contact Person: _____

Email: _____	Skype: _____
Cell Phone: _____	DL #: _____

Whatapp#: _____

BUSINESS / TRADE REFERENCES

Company Name: _____

Address: _____

City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	

Contact Person: _____

Company Name: _____

Address: _____

City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	

Contact Person: _____

TYPE OF BUSINESS: INTERNATIONAL DOMESTIC

If international, please provide the names of countries you are currently shipping to:

Can you give us a better idea of your business and product needs?

E-Tech Galaxy LLC only services B2B resellers, wholesalers and distributors with current Resale Tax Certificate and Photo ID of principal officer of the company.

- 1) This application gives authorization for E-Tech Galaxy to make inquiries on both trade references above.
- 2) Please submit a signed copy of Resale Tax Certificate with current Photo ID.
- 3) You can either email this signed application and all required forms to accounts@etechgalaxy.com or upload on the upload button found in our How to Buy page.
- 4) Please reach out to us directly to accounts@etechgalaxy.com for any issues uploading the required forms. We value the opportunity of doing business with your organization and look forward to having you in our Galaxy. Terms and Conditions Apply!

Signature: _____

Print Name: _____

Date: _____

Title: _____