



# New Customer Registration

## New Account Information

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-Mail: \_\_\_\_\_  
Web Site: \_\_\_\_\_ Spoke to: \_\_\_\_\_  
Owner's name (First and Last): \_\_\_\_\_  
Emergency # (After Hours): \_\_\_\_\_ Mobile #: \_\_\_\_\_

## Type of Business

Retail Store  Wholesale  Manufacturer  Public Aquarium  Other \_\_\_\_\_  
Is this a chain store?  Yes  No      Operated out of a house?  Yes  No  
Years in business: \_\_\_\_\_  
Hours of operation: \_\_\_\_\_

## Airline Routing

Airlines preferred: \_\_\_\_\_  
Which airport are we shipping to?: \_\_\_\_\_  
Flights : : Times: : : :  
Flights : : Times: : : :  
(Airport) (Airline) (Flight #)

### QM OFFICE INFO:

#### VERIFICATION:

Local Phone Book (Yellow Pages) Address:  Yes  No      Phone:  Yes  No

Verified by: \_\_\_\_\_ Notes/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Approved By: \_\_\_\_\_ 2. Date: \_\_\_\_\_ 3. Set up by: \_\_\_\_\_

Assigned Rep: \_\_\_\_\_



Fax completed application and Business License or Seller's Permit (CA State Required) to:

## Credit Card Information

### Primary Credit Card:

Visa  MasterCard  Debit/ATM (We do not accept American Express or Discover)

Credit Card Number:

Exp. Date:

3-Digit Security Code on Back:

Name as it appears on Credit Card:

Company Name:

Is this a Company Card?

Statement Mailing Address:

### Credit Card (1-TIME USE):

Visa  MasterCard  Debit/ATM (We do not accept American Express or Discover)

Credit Card Number:

Exp. Date:

3-Digit Security Code on Back:

Name as it appears on Credit Card:

Company Name:

Is this a Company Card?

Statement Mailing Address:

## Authorization

*Your signature below authorizes us to charge either of the above referenced credit cards immediately upon the processing of an order, or to settle any past due balance for accounts set up with payment terms.*

Signature



Fax completed application and Business License or Seller's Permit (CA State Required) to:

(310) 670-8837