



Dealer Registration

Billing Info:

Company Name: _____

Address: _____

City: _____ St: _____ : Zip: _____

Phone #: _____ Fax #: _____

Email: _____ Contact: _____

A/R Contact: _____ A/R Phone #: _____

Tax I.D. #: _____

Shipping Info:

Company Name: _____

Address: _____

City: _____ St: _____ : Zip: _____

Number of Store Fronts (if any) _____

How did you hear about Reality Apparel,
LLC? _____

Approximate Annual Sales Volume _____ Year business started _____

Online Access:

User Name you would like (max 10 characters): _____

Password (max 10 characters): _____