



# 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): \_\_\_\_\_