

MSO DISTRIBUTING LLC  
O-1845 LEONARD ST NW  
GRAND RAPIDS, MICHIGAN 49534-9510  
USA  
TOLL FREE 1-888-508-3496  
TEL 616-677-2277  
FAX 616-588-6068  
EMAIL sales@msodistributing.com

## New Account Information

Date: \_\_\_\_\_

Please complete this form and attach a copy of your business license/ID, or sales tax license/ID, and fax or mail it to "New Accounts" at the address above.

1. Business Name: \_\_\_\_\_
2. Store Name (if different): \_\_\_\_\_
3. Contact: \_\_\_\_\_
4. Title: \_\_\_\_\_
5. Telephone: \_\_\_\_\_
6. Fax: \_\_\_\_\_
7. Email Address: \_\_\_\_\_
  
8. Name of Owner: \_\_\_\_\_
  
9. Type of organization. Circle one: Proprietorship Partnership Corporation LLC  
Non-profit Government Educational
  
10. SSN#: \_\_\_\_\_ or Fed EIN#: \_\_\_\_\_
  
11. State sales tax/resellers ID #: \_\_\_\_\_
  
12. What kind of business are you in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
13. What type of customers/market segments do you serve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
14. How long has your company been in business? \_\_\_\_\_
  
15. How long at your current address? \_\_\_\_\_
  
16. Business Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MSO Distributing LLC**  
**New Account Information**  
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17. Accounts Payable Contact (If other than owner):

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

18. Billing Address (If different from line 16):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Shipping Address (If different from line 16):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(**Note:** You must attach to this form a copy of your business license/ID, or sales tax license/ID, for new account processing.)

**Thank you for your interest in our products!**