



New Reseller Form
(For new and first time wholesale accounts)

Company Info:

Company Name: _____

Contact: _____

Phone #: _____

Fax #: _____

Email Address: _____

Fax or Mail This Form To:

Elektroplate
5510 Abrams Rd, STE 117
Dallas, TX 75214

Fax #: (214) 363-9236
Office #: (214) 363-3170
www.chromeblems.com

Shipping Address:

City State Zip

Billing Address: (if different)

City State Zip

Payment Information:

**Initial order prepay; subsequent reorders can be on Net 30 terms upon credit check*

Visa / MasterCard # _____ Exp. Date _____

Name on credit card _____

Credit Card billing address _____

Notes:

We look forward to doing business with you. Please let us know if you have any questions.