

# Custom Cartridge, Inc. Authorized Dealer or Distributor Application

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Fax #: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_ Web: \_\_\_\_\_

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

Bank Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_

Business Owner, Partner, or Corporate Representative: \_\_\_\_\_

Home Address of above person: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Trade References: Names, Addresses, Phone #'s

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

.....  
For CCI Use Only: \_\_\_\_\_

Approval:

Company Check: Prepaid \_\_\_; COD \_\_\_; Open Account \_\_\_ Credit card account \_\_\_

FFL: \_\_\_\_\_ Bus Lic: \_\_\_\_\_ Sellers Permit: \_\_\_\_\_ Other: \_\_\_\_\_

**Custom Cartridge, Inc.**  
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