



CLIENT APPLICATION

Business Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Buyer: _____ Email: _____

Owner: _____ Email: _____

Director/GM: _____ Email: _____

Payables Contact: _____ Email: _____

Resellers Certificate #: _____ (Please include a copy of the original form)

Billing Address (if different from above)

Shipping Address (if different from above)

Payment: (circle one)

MasterCard Visa American Express E-Check COD

Acct# _____ Signature X _____

Expiration _____ CVS# _____

COD: (COD Charges apply \$15.00)

E-Check Information

Name on the account _____

Routing Number _____ Account Number _____

Bank Name _____

Business Type: _____

Please complete the above information and email to Vera@Babyfootusa.com or fax to 417-889-8198

Approved _____ Date Opened _____ Reseller Sales Consultant Code _____