



New Customer Registration

New Account Information

Company Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ e-Mail: _____

Web Site: _____ Spoke to: _____

Owner's name (First and Last): _____ Mobile #: _____

Contact name (First and Last): _____ Emergency # (After Hours): _____

Type of Business

Retail Store Wholesale Manufacturer Public Aquarium Other _____

Is this a chain store? Yes No Operated out of a house? Yes No

Years in business: _____

Hours of operation: _____

Airline Routing

Airlines preferred: _____

Which airport are we shipping to?: _____

Flights	:	:	Times:	:	:	:
Flights	:	:	Times:	:	:	:

(Airport) (Airline) (Flight #)

QM OFFICE INFO:

VERIFICATION:

Local Phone Book (Yellow Pages) Address: Yes No Phone: Yes No

Verified by: _____ Notes/Comments: _____

1. Approved By: _____ 2. Date: _____ 3. Set up by: _____

Assigned Rep: _____

Fax completed application and Business License or Seller's Permit (CA State Required) to:
(310) 670-8837

Credit Card Information

Primary Credit Card:

Visa MasterCard Debit/ATM (We do not accept American Express or Discover)

Credit Card Number:

Exp. Date:

3-Digit Security Code on Back:

Name as it appears on Credit Card:

Company Name:

Is this a Company Card?

Statement Mailing Address:

Credit Card (1-TIME USE):

Visa MasterCard Debit/ATM (We do not accept American Express or Discover)

Credit Card Number:

Exp. Date:

3-Digit Security Code on Back:

Name as it appears on Credit Card:

Company Name:

Is this a Company Card?

Statement Mailing Address:

Authorization

Your signature below authorizes us to charge either of the above referenced credit cards immediately upon the processing of an order, or to settle any past due balance for accounts set up with payment terms.

Signature



Fax completed application and Business License or Seller's Permit (CA State Required) to:

(310) 670-8837