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www.pa-dist.com

Account Information New ___ Acct. # _____ Date: ___ / ___ / 20___

Legal: Store / Business / DBA Name: _____

Name of Corporation (if different): _____

Primary Address: _____

City/State/ZipCode/Country: _____

Business Phone: (_____) _____ Business Fax: (_____) _____

Web site: www. _____

Owner Name(s): _____ Owner's home phone: (_____) _____

Owner's cell phone: (_____) _____ Owner's e-mail: _____

Wholesale Authorization: Petersen-Arne sells only wholesale (no retail) to businesses authorized to purchase tax free according to the laws of their incorporated State. We do not require a physical store location, but do require legal tax exempt paperwork according to your state's laws.

Authorizing State: _____ For all business documents, we need a copy sent either by fax or scanned and emailed to sales@pa-dist.com

Business License #: _____ Expiration: _____

Sales Tax # or Seller's Permit Number # _____ Expiration: _____

Reseller's Tax ID or Exemption Certificate: _____ Expiration: _____

Shipping: Ship to Name (if different): _____ Phone: (_____) _____

Street Address (if different) : _____

Shipping address is: Residential Commercial Other _____

International Importer's Tax Code for Customs (if applicable): _____

Billing: Billing Address (if different) _____

Accounting Phone: (_____) _____ Accounting Fax: (_____) _____

Bookkeeper name: _____ Accounting e-mail: _____

Purchasing: Buyer name(s): _____

Product Info Mailing Address (if different): _____

Buyer e-mail: _____ Buyer Phone: (_____) _____

Account Information Form, page 2 (cont.)

How did you hear about us? (Please select one)

- Tradeshow (specify) _____
 Referral from another customer or vendor, who? _____
 Internet Search Other (specify) _____

I am a:

- Retailer
 Manufacturer
 Professional / Designer
 Home-based Business

Check one:

- Crafts Store
 Quilt Shop
 Fabric Store
 Paper / Stamping / Photo
 Yarn / Needlework Shop
 Variety / Drug Store
 Catalog / Internet Outlet

Payment Preferences:

- 1) Pay Pal (send payment to paypal@petersen-arne.com)
2) Visa / MasterCard credit cards only - (fill in information below)
(Debit card users should call customer service.)
3) Net 30 Credit - (Fill out separate application)
Method to use pending credit approval process? _____

Comment or note to Customer Service: _____

Credit Card Information: (circle one) Visa / MasterCard

Cardholder Name (exactly as it appears on the card): _____

Credit Card Number: _____ - _____ - _____ - _____ Expiration: _____ / _____

Required Card Billing Address: _____ Zip _____

Required 3-Digit Security Code: _____

Required Signature

Authorizing card billing on shipment: _____

Office Use only:

Sales Territory _____ CS Rep _____ Order Pending? Yes / No