



We Sell Color!

Drop Ship Program Account Application

Please complete the following form, attach an equivalent list or submit both. Check below for submission details.

VENDOR INFORMATION:

Date: _____

Company: _____

EIN # / GST #: _____

Addr (1): _____

Addr (2): _____

City: _____

State/Prov: _____ **Zip/Postal Code:** _____

Country: _____

Buyer Name: _____

Phone: _____ **Ext:** _____

Fax: _____

Email: _____

BILLING / INVOICING INFORMATION:

Terms: Credit Card

A/P Contact: _____

Phone: _____

Fax: _____

Email: _____

SHIPPING INFORMATION:

Quantum View Email: _____

* This is the email address that receives all notifications of shipment dates, recipient address, and tracking number(s).

Packing Slips: (Check one)

Send our custom Packing Slip with all orders.

Send Sandtastik's Picking List with all orders. (Default)

PREFERRED METHOD OF PAYMENT

PAYMENT BY CREDIT CARD Visa MasterCard Discover AMEX

CARD #: _____ **EXP:** _____

NAME: _____ **CCID:** _____ **Authorized By** _____

PAYMENT BY PAYPAL

Please verify that you have completed all required fields of this form and that all entered information is true. Thank you for the opportunity of doing business with you.

SUBMISSION DETAILS:
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