ALL SPORTS MARKETING GAMING CUSTOMER APPLICATION

APPLICANT INFORMATION

First Name:	Last Name:	
Phone:	Alt. Phone (Optional):	
Current Address:		
City:	State:	ZIP Code:

BUSINESS INFORMATION

Legal Business Name:		
DBA (Doing Business as Name):		Established Date:
Phone:	E-Mail:	Fax:
Website URL:		
State Tax ID #: (Enter State Tax ID and attach copy of the form)		
Business Type (Circle one):	○ Sole Proprietorship ○ Corporation ○ Partnership ○ Individual	

SHIPPING ADDRESS

Address:		
City:	State:	ZIP Code:
Country:		

BILLING ADDRESS

Same As Shipping Address?: ☐		
Address:		
City:	State:	ZIP Code:
Country:		

PAYMENT OPTIONS

Please indicate your preferred method of payment below:
Credit Card: ☐
Collect on Delivery (C.O.D.): ☐

When completed, please email or fax your registration application to the contact information listed below.

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