



REMARKETING SOLUTIONS
INTERNATIONAL

NEW CUSTOMER REGISTRATION FORM

Company Name: _____

DBA: _____

Primary Contact: _____

Address: _____

City/State/Zip: _____

Phone Number [XXX-XXX-XXXX]: _____ Extension: _____

Fax Number [XXX-XXX-XXXX]: _____

Primary Contact Cell Phone: _____

Primary Contact Email: _____

Website: _____

Taxpayer Identification Number: _____

Taxpayer Status [Please circle one]: Corporation LLC Sole Proprietor Partnership Other

Primary Business [Describe]: _____

Customer Type [Please circle one]: Domestic Export

If Export, please list countries: _____

Export License Number: _____

Duns Number: _____

Resale Number [Please attach certificate]: _____

Owners Name [Please print]: _____

Initial here to indicate you are aware of, and in compliance with, OFAC, Export Controls and Applicable Customs Laws: _____