

# Account Application Form

Please fill out the account application below as completely as possible. This application is also available online at <a href="http://www.orafarm.com/accountapp/">http://www.orafarm.com/accountapp/</a>

Required fields are marked with an asterisk \*

Are you applying for a new account or updating your existing account information? \*

New Account Update Existing Account Info

Account / Store Name \*

Alt. Name (DBA)

#### Region

United States	Canada
Mexico	Central / South America
Europe	Asia
Africa	Middle East

## Type of Business, check all that apply. \*

Single Unit Retailer	Wholesale / Importer / Distributor
Multi-Unit Retailer	Public Aquarium
Aquarium Service	Institution
Online Sales	

# **Store Address**

A.I.I	
Address *	
Street Address	
Address Line 2	
City	State / Province / Region
ZIP / Postal Code	Country
Phone *	FAX
Billing Address	
Billing Address *	
Dining Address	
Same As Store Different	
Same As Store Different Address *	
Same As Store Different	
Same As Store Different Address *	
Same As Store Different Address * Street Address	
Same As Store Different Address * Street Address	State / Province / Region
Same As Store     Different       Address *	State / Province / Region Country

Notes

# **Ownership Information**

Business Structure *	
Owner Name *	
First	Last
Title	
The second se	
Home Address	
nome Address	
Street Address	
Address Line 2	
City	State / Province / Region
	Country
ZIP / Postal Code	
Cell Phone *	Home Phone
Email *	

If you would like to list additional owners, please do so here:

# Alternate Contacts

Billing Contact / Accounts Payable			
Name			
First	Last		
Phone	Job Title		
Email			
Buyer / Other			
Name			
First	Last		
Phone	Cell Phone		
Job Title	Email		

Please list any additional contacts here:

Business Information							
Tax ID *			Ye	Year Established			
Facebook Page			w	Website			
Number of S	Service Accou	nts *					
26-100							
101+							
Days / Hour	s of Operatior	ı					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	

Notes

# **Price Lists**

ORA sends out weekly emails that contain a current copy of our price list, an amazing selection of specials, important announcements as well as links to featured products and news stories. For those customers who do not have email access in the store we also fax a copy of our price list twice a month. We encourage you to sign up for our price lists below.

## How would you like to receive our availability lists. Check one or both. \*

Email

Fax

None

## Which email addresses should receive our pricing and availability lists?

Owner

Alt. Contact / Buyer

Accounts Payable

Please list additional emails here, be sure to include First Name, Last Name, Title and Email Address

#### Which Fax numbers should we send to?

Store Fax

Alt. Contact / Buyer

Accounts Payable

Please list additional fax numbers here, be sure to include Location and Fax Number.

# **Online Ordering**

\_\_\_\_\_

## Would you like to be signed up for our online ordering system?

Yes

No

I don't know yet

# **Trade References**

Please list references from three aquarium industry wholesalers / distributors.

#1			
#2			
#3			
Notes			

## **Business Documents**

Please email or fax copies of the business documents that you typically provide to vendors. Depending on your region these may include your Business License, Sales Tax Exemption Document, etc.

#### Copy of Business License \*

Attached

## **Business Photos**

Please provide us with photos of your business. Exterior photos are required and we prefer to see photos with signage and posted business hours. Interior photos are encouraged to speed up the approval process but are not required. We understand that this may be an inconvenience but we hope that you can appreciate the effort we put into ensuring that only qualified dealers have access to ORA products.

Exterior Photos of Business \*

Attached

Photos showing exterior signage and posted business hours preferred.

#### **Interior Photos of Business**

Attached

Optional but recommended for account approval.

# **Industry Supplier Invoices**

Please provide us with copies of invoices from three Aquarium Industry suppliers. You may black out prices but not quantity or address information.

These fields are optional but encouraged for speedy account approval.

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#### **Three Industry Supplier Invoices**

Attached

Attached

Attached

Optional but recommended for account approval.

# Confirmation

\_\_\_\_\_

## Date \*

Signature \*

Notes

If you have any questions or need help filling out this form please call 772-468-7008

Please save this form to your computer using the button below. You may print it and fax it back to us at 772-468-7353 or email a copy to Sales@orafarm.com

Thank you, ORA