



NEW ACCOUNTS FORM

Please fill in info where appropriate and fax back to
484-741-9484 Tel / Fax or call 888-475-MOBI (6624)

☐ New Account ☐ New Bill To ☐ New Ship To ☐ Business Name Change ☐ Other _____

☐ Account # _____ ☐ Change Account # _____

Date : _____ Submitted by : _____

Account Name : _____ Phone # : _____

Address : _____

City : _____ State : _____ Zip : _____

Contact Name : _____ Title : _____

Terms Desired : ☐ Standard (Net 30 Days) ☐ Pre Pay Credit Card ☐ Other _____

☐ FOB Warehouse, Origin / ☐ Prepaid Freight / ☐ Customer Shipper # _____

Customer Business Type / Channel of Trade :

- ☐ Beauty Wholesaler
- ☐ Close-out
- ☐ Deep Discount Chain
- ☐ Department Store
- ☐ Discount Chain
- ☐ Distributor
- ☐ Drug Chain
- ☐ Mass Market
- ☐ Mailing Chain

- ☐ Drug Wholesaler
- ☐ Food Wholesaler
- ☐ Military
- ☐ Super Market Chain
- ☐ Variety Store
- ☐ Variety Wholesaler
- ☐ School/Campus Store
- ☐ Other _____

How many store/outlets do you have : _____ Centralized Warehouse : Yes ____ No ____

Desired Packaging : ☐ inner box 6pc ☐ master box 48pc ☐ individual item ☐ no packaging (bulk)

Special Requirements? _____

Sales Rep Name / Number : _____ Manager Name: _____

Annual sales (total) : _____ Estimated annual volume : _____

Estimated initial Order Value (Dollars): _____ ☐ Approved for sale

***** ATTACH CREDIT REFERENCES *****

Manager Signature : _____ Date : _____