



Catalog Request & New Customer Form

Company Name & Address

Legal Business Name : _____ Date Established : _____
DBA : _____ Federal Tax ID # : _____
Billing Address : _____ Resale # (UT Businesses) : _____
City / Providence : _____ State : _____ Zip : _____
Shipping Address : _____
City / Providence : _____ State : _____ Zip : _____
Main Contact : _____ Phone : _____
eMail : _____ Fax : _____

Names of Principals or Corporate Officers

Corporation Partnership Sole Proprietorship LLC

Owner / President : _____

Manager / Vice President : _____

Buyer / Purchasing : _____

Accounts Payable : _____

Marketing : _____

Sales: _____

About Your Company

Types of Products Sold : _____ Number of Employees : _____

Require P.O.'s? : yes no Yearly Sales : _____ Years in Business : _____

Business Type : Physical Storefront Distributor Webstore : list website _____

Anticipated Doodlebug Monthly Purchases : _____

To be reviewed for a catalog request, please fax or mail this completed form (incomplete forms will not be accepted) along with a copy of your business license and/or Tax ID number to:

Doodlebug Design Inc.
3630 West California Ave., Suite 100
Salt Lake City, Utah 84104
Fax 801-952-1555