



NEW ACCOUNT INFORMATION FORM

Check all that apply

<input type="checkbox"/>	DREW	<input type="checkbox"/>	Retail
<input type="checkbox"/>	ROS HOMMERSON	<input type="checkbox"/>	O & P
<input type="checkbox"/>	BELLINI	<input type="checkbox"/>	DME
		<input type="checkbox"/>	Other
		<input type="checkbox"/>	Specify

Place Picture of Store Front here or send electronically with New Account form to,

accountsreceivable@drewshoe.com

Preferred Shipping Method

Do you have an online store ? Y N _____
 If so under what name (s) do you sell under _____
 What platforms (Amazon, Ebay, etc) do you use to host your products _____

**Separate authorization will be needed if you are plan to put any Drew Shoe Co products online.
 Without this prior authorization your account status will be terminated.**

SHIP TO

COMPANY DATA

BILL TO

NAME: _____
 ADDRESS: _____

 CITY,STATE,ZIP _____
 COUNTY _____

NAME: _____
 ADDRESS: _____

 CITY,STATE,ZIP _____
 COUNTY _____

A/P CONTACT _____
 PHONE _____
 FAX _____
 E-MAIL _____

PURCHASING CONTACT _____
 PHONE _____
 FAX _____
 E-MAIL _____

REFERENCES & ACCOUNT #

Please list at least 3 suppliers as Trade References:

NAME	PHONE	FAX (Must Include)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

OWNERSHIP

Type of Entity: Sole Proprietorship _____ Partnership _____ Corporation _____

THE INFORMATION BELOW MUST BE COMPLETED

Include Names, Complete Addresses

NAME _____
 ADDRESS _____
 CITY / STATE / ZIP _____

Will Principals Personally Guarantee Account? Yes _____ No _____

The owners signature (below) must be included to activate an account

Print Name _____ Signature _____

Title _____ Date _____

RETURN FORM TO
 ACCOUNTS RECEIVABLES
accountsreceivable@drewshoe.com
 FAX 740-475-0316

Sales Rep approval _____
 Sales Manager approval _____