



new account application
part 1 - basics

Tano International, Inc.
350 Lexington Avenue
Mount Kisco, NY 10549
Tel. 914-241-0628 Fax 914-241-0730

Please provide us with the following information:

Billing Information

Corporate Name: _____

Trade Name (d/b/a): _____

Address: _____

City: _____ State: _____ Zip: _____

Resale#: _____ Email: _____

Phone: _____ Fax: _____

Shipping Information () Check if same.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Principal's Information

First Name: _____ Last Name _____



new account application
part 2 – references

Please provide us with three trade references:

Vendor 1

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Receivables Contact: _____

Phone: _____ Fax: _____

Vendor 2

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Receivables Contact: _____

Phone: _____ Fax: _____

Vendor 3

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Receivables Contact: _____

Phone: _____ Fax: _____



new account application
part 3 – questionnaire

Kindly answer the following questions:

How long have you been in business? _____

Do you have a physical store location? _____

If not please describe where/how you sell your product. _____

What is the general description of your store(s)? _____

What department or category accounts for the majority of your sales volume? _____

Please list your top three vendors in terms of sales volume.

1. _____ 2. _____ 3. _____



credit card
authorization form

Company Name: _____

Store Name: _____

Cardholder's Name: _____

Card Billing Address: _____

Shipping Address: _____

Phone: _____ Fax: _____

email: _____

Card Information:

Type of Card: _____ Visa _____ Master _____ Amex

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Please note: We must have current credit card information on file to activate and keep your account active. The primary credit card will remain on file for all future orders unless specified in writing. Additionally, all future orders will be charged to this card upon shipment unless otherwise specified. If at any time you wish to change your credit card information you may do so in writing.

I authorize Tano International, Inc. to keep my signature and card information on file.

Cardholder Signature: _____ Date: _____

PLEASE FAX COMPLETED FORM TO: 914-241-0730