PMO





PMO will only sell products to qualified accounts, and will not open an account that does not meet our criteria. PMO reserves the right to close an account for any reason, including but not limited to failure to provide true or complete information on this application, failure to timely pay all amounts due or failure to use a professional and respectful demeanor with PMO staff.

The following materials are REQUIRED and must be submitted for review to be considered for a new account:

- A current phone bill showing your company name
- This application completed fully and signed
- A copy of your certificate of liability insurance
- The Uniform Sales & Use Tax Certificate filled out and signed or your state form if not listed on the federal form.
- Photos of your commercial location, including: signage, counters, walls, and cases

Please note that providing additional information can expedite the approval process.

Examples of optional materials are you	ır business plan, advert	ising materials a	nd business related invoice	es.
Legal Business Name		DBA		
Please circle: Partnership Individu	al Corporation	Year: N	umber of years in busines	s
Number of locations	_ Lines stocked			
Do you sell: On the Internet? Yes	No Via Mai	Order? Yes	No	
Billing Address				
Billing Address Stat	e ZIP	_		
Phone () Fax ()			
Email				
Billing Contact Name				
Shipping Address		_		
Shipping AddressStat	e ZIP			
Phone () Fax ()	_		
Tax ID				
Terms and Conditions			". O . I	
Upon receipt and approval of this form for C.O.D. company check or Net 30 T				, , ,
Ву	signing, I certify that the informa	tion provided herein is	true and correct	
Printed Name		Title		Date

Your application will not be processed until ALL information is received