



RESELLER ACCOUNT SET UP FORM

COMPANY

company name:

website address:

years in business:

location of business:

tel:

fax:

email:

type of reseller(check that all apply):

STORE FRONT

DISTRIBUTOR/IMPORTER

COMPUTER RESELLER

SPECIALTY STORE

BOUTIQUE

OTHER _____

PAYMENT

credit card holder name:

credit card: AMEX VISA MASTER DISCOVER

card #

expiration date:

credit card address (if different from location of business):

contact person for payment:

SHIPPING

carrier: FEDEX UPS OTHER _____

account #

account address (if different from location of business):

contact person for order/shipping process:

HANDLING CHARGE FOR DROP SHIPPING

(monthly cycle (30 days period))

15 or less ----- \$ 5.00/shipment

16-30 ----- \$ 3.00/shipment

31-50 ----- \$1.00/shipment

51 & above ----- \$ 0

Please return completed form and email to: info@dotredny.com or fax to: 212.997.5588

Send all order to: order@oxiostyle.com

All billing, shipping inquires or questions: info@dotredny.com