

COSMEO, INC.  
P.O. Box 3643  
Dana Point, CA 92629  
Local: 949-412-0445  
Toll free: 1-866-426-7636  
Fax: 949-240-2769

APPLICATION FORM FOR NEW VENDORS

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Web site: \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

California Resale #: \_\_\_\_\_

What kind of products are sold by your business: \_\_\_\_\_

\_\_\_\_\_

How long have you been in business? \_\_\_\_\_

Primary Contact:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Fax: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your CA Resale Certificate.