

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.