

New Customer Application

Once you have completed this form please fax it back to the fax number listed above along with a copy of your business license and business card.

Company Information

Company Name: _____

Name of Person Applying: _____

Name of President or Owner: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Web Address: _____ Email: _____

Company Type: Corporation Proprietorship Partnership

Business License #: _____

Are you tax exempt in SC? : Yes No Tax ID#: _____

By law, you will be charged sales tax on all shipments within South Carolina unless you supply a copy of your SC Tax Exempt Certificate (ST-1) or fill out and send in an ST-8.

The Address Above Is: Commercial Residential

Market Information

- | | | |
|--|--|--|
| <input type="checkbox"/> Ad Agency | <input type="checkbox"/> Ad Specialty Brokers | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Printer | <input type="checkbox"/> Print Broker | <input type="checkbox"/> Screen Printer |
| <input type="checkbox"/> Mail House | <input type="checkbox"/> Graphic Designer | <input type="checkbox"/> PR/Marketing Firm |
| <input type="checkbox"/> In House Print Shop | <input type="checkbox"/> Other Please Explain: _____ | |

If In House Print Shop - Name of Parent Company: _____

- How did you hear about us?:
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Ad in Publication | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Direct Mail (Flyer) | |
| <input type="checkbox"/> Existing Member Referral | <input type="checkbox"/> Industry Group or Website | <input type="checkbox"/> Article/Press Release | <input type="checkbox"/> Search Engine |
| <input type="checkbox"/> Email | <input type="checkbox"/> Referral by Colleague or Friend | <input type="checkbox"/> Other | |

Please specify detail (name of member, publication, search engine, article, etc.): _____

Promotion Code: _____

Login Information

If an account is created you will need a username and password. Your username must be 6-10 characters.

Your password must be at least 6 characters. growll.com will try to accommodate your requested username and password, but may not be able to do so.

Requested Username: _____ Must be 6-10 characters

Requested Password: _____ Must be at least 6 characters

Please read and sign form.

I am submitting this application to open a customer account with growll.com. I am giving growll.com permission to check the information I have provided. Once an account has been created I will notify growll.com in a timely manner if my information changes. I acknowledge that all orders are subject to the terms and conditions found on the growll.com website. Any disputes over orders will be resolved via the terms and conditions found on the website.

Signature: _____

Date: / /

Please fax to: 864.234.0091