



DARF RESELLERS' APPLICATION ORDER FORM

Please fill in and send or fax to us. Or place your order online at www.darinc.com

Company Name _____
Your Name _____
Your Position _____
Your Email Address _____
Website Address _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ FAX _____
Federal Tax ID Number _____
State Resale number _____
Years In business _____

TYPE OF BUSINESS

Retail Pet Store <input type="checkbox"/>	Distributor <input type="checkbox"/>	Dog Boutique <input type="checkbox"/>
Gift Store <input type="checkbox"/>	Game Store <input type="checkbox"/>	Doggie Day Care <input type="checkbox"/>
Groomer <input type="checkbox"/>	Pet Hotel <input type="checkbox"/>	Online Retail <input type="checkbox"/>
Other (Describe) <input type="checkbox"/> _____		

How did you hear about Darf?

Mailer Newspaper Magazine Internet Friend
Trade Show Other (Describe) _____

Comments/additional needs/questions/concerns:

