| uBid.comVENDOR Application | | | |
| --- | --- | --- | --- |
| Business Information | | | |
| Business Name: Click here to enter text. | | | |
| Primary Contact: Click here to enter text. | | Title: Click here to enter text. | |
| Phone: Click here to enter text. | | Email: Click here to enter text. | |
| Business Address: Click here to enter text. | | | |
| Business Address (cont.): Click here to enter text. | | | |
| City: Click here to enter text. | State: Click here to enter text. | | ZIP Code: Click here to enter text. |
| Desired Login: Click here to enter text. | | | |
| Business Name (As it should appear on checks): Click here to enter text. | | | |
| Entity Type: Choose an item. | | Business Start Date: Click here to enter text. | |
| Business Type: Choose an item. | | Gross Revenue Per Year: Choose an item. | |
| DBA: Click here to enter text. | | State of Incorporation: Click here to enter text. | |
| Reseller Certificate Number: Click here to enter text. | | FEIN: Click here to enter text. | |
| Contact Information | | | |
| Customer Service Contact: Click here to enter text. | | | |
| Phone: Click here to enter text. | | Email: Click here to enter text. | |
| Accounting Contact: Click here to enter text. | | | |
| Phone: Click here to enter text. | | Email: Click here to enter text. | |
| Returns Contact: Click here to enter text. | | | |
| Phone: Click here to enter text. | | Email: Click here to enter text. | |
| Return Address: Click here to enter text. | | | |
| Return Address (cont.): Click here to enter text. | | | |
| City: Click here to enter text. | State: Click here to enter text. | | ZIP Code: Click here to enter text. |
| Trade References | | | |
| Company: Click here to enter text. | | | |
| Contact Name: Click here to enter text. | | Title: Click here to enter text. | |
| Phone: Click here to enter text. | | Email: Click here to enter text. | |
| Company: Click here to enter text. | | | |
| Contact Name: Click here to enter text. | | Title: Click here to enter text. | |
| Phone: Click here to enter text. | | Email: Click here to enter text. | |
| Company: Click here to enter text. | | | |
| Contact Name: Click here to enter text. | | Title: Click here to enter text. | |
| Phone: Click here to enter text. | | Email: Click here to enter text. | |
| Product Information | | | |
| Products that you sell: Click here to enter text. | | | |
| Marketplaces that you participate in: Click here to enter text. | | | |
| Shipping Carriers you use: Click here to enter text. | | | |
| e-commerce Software you use: Click here to enter text. | | | |