

QUINTO[®] RESELLER REGISTRATION FORM

Quinto Game Company, P.O. Box 310, Ashton, MD 20861
Phone: (301) 439-1067; Toll Free: (866) 784-6865; Fax: (301) 434-8642
Web address: <http://www.quintogame.com>

Company Name*: _____

Billing Address*: Street* _____

City*: _____

State*: _____ Zip*: _____

Phone Number*: _____

Web Site Address: _____

Email*: _____

Billing Contact*: _____

Shipping Address*: Street* _____

City*: _____

State*: _____ Zip*: _____

Buyer Name*: _____

Phone Number*: _____

Email*: _____

Company

Federal Tax ID Number: _____

Owner Name: _____

Phone Number: _____

Legal entity: Corporation Partnership Proprietorship
(Check one)

Length of time in business: Years _____ Months _____

How long at present location: Years _____ Months _____

Bank Reference

Bank Name: _____

Account Rep: _____

Phone Number: _____

Account number: _____

Bank Address: Street _____

City: _____

State: _____ Zip: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I WILL COMPLY WITH THE COMPANY'S TERMS