

Email or fax this form to VMRD

Customer Information

Company Name _____

Buyer/Primary Contact _____

Phone _____ E-mail _____

Will you be the end user? Yes No

If "No", please provide full end user information:

Will you be distributing or reselling VMRD products? Yes No

If "Yes", what is the Country to which you wish to distribute/resell? _____

Preferred Invoice Submission Method:

E-mail _____

Vendor Self-Service Website (Please provide account set-up details & instructions)

I'm interested in receiving e-mail communication about new products and promotions

Shipping Address

Billing Address

Same as Shipping Address

Company _____

Attention _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____

Fax _____

E-mail _____

Courier (FedEx, UPS, DHL) Collect Account # _____

Company _____

Attention _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____

Fax _____

E-Mail _____