



Ch: **Top Quest Inc.**
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Customer Setup Online Request Form

Company Name		Contact Name(First/Last)	
Billing Address:			
Shipping Address:			
City / State / Zipcode / Country			
Phone:		Alternate Phone:	Fax:
Website:		E-mail Address:	
<input type="checkbox"/> Retailer	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Importer	<input type="checkbox"/> other _____
Type of Business			
<input type="checkbox"/> Solo Proprietor	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Tax ID:		Resales Permit No.:	
<input type="checkbox"/> Current Customer		<input type="checkbox"/> New Customer	
How long have you been selling knives and sword?			

Who is (are) your major supplier(s)?			
How did you find us?			

A copy of resale permit and/or business license is required for all customers.
All fields must be completed. Missing information may result in cancellation of request.

You can e-mail back to frankw@topquestinc.com or fax to (909)628-6161