



Account Setup Form (Retail Business-to-Business)

Business Information					
Company Name: <i>(Purchaser)</i>					
Address:		Business Type:			
City:		State:		Zip Code:	
FEIN #		TID/Resale #			

The business name and address must match state licensing for shipping and invoicing purposes.
 FEIN # (Federal Employer Identification Number) The number used for the businesses Federal tax filings.
 TID/Resale # (Tax Identification Number or Reseller Number) The number used for the businesses State tax filings.

Business Contact			
Contact Name: <i>(Purchaser)</i>		Title:	
Phone Number:		Email Address:	
Fax Number:		Text Number:	

Fax & Text are optional, but allow for stock status, shipping tracking notification & other related communication.

The business listed (*The Purchaser*) certifies that ALL purchases (*Blanket Certificate*) made from Marshall IGA, Inc. DBA **Harvard Distributing 5113 Route 31 Ringwood, IL 60072** (*The Seller*) are made for the purpose of resale only. Purchases may include, but are not limited to cigarettes, cigars, tobacco products, vape products, pipe products, smoking accessories & other B2B retail items (*The Property*).

Name(s): _____ Title: _____

Signature(s)

Date

INCLUDE A COPY OF YOUR STATE LICENSE

Submit in any of the following ways:

MAIL: Harvard Distributing 5113 Route 31, Ringwood, IL 60072
EMAIL: info@harvarddistributing.com
FAX: 815-206-1095

An account number for your business will be provided once licensing and payment information is processed.