



## ACCOUNT SETUP

Royal & Langnickel Brush Mfg., INC.  
6707 Broadway • Merrillville, IN 46410-3531  
Phone: 219-660-4170 • Fax: 219-660-4181

CompanyName: \_\_\_\_\_

DBA (If applicable): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Email for Parcel Tracking and Statements: \_\_\_\_\_  
Royal Brush will send all statements via email unless requested otherwise.

Customer Type: Art Products \_\_\_\_\_ Beauty Products \_\_\_\_\_

Business Type: Wholesale \_\_\_\_\_ Retail \_\_\_\_\_ Manufacturer \_\_\_\_\_ Number of Locations \_\_\_\_\_

Company Type: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Non Profit \_\_\_\_\_

**\*\*\* A Copy of a valid sales-tax exempt or resale certificate must accompany this form \*\*\***

**Would you like online access to view your account?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes** Would you like to the ability to administer users within your company? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like the ability to order online? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

By signing above, you are stating that all information is correct and true.

When completed please fax to: (219) 660-4181.

**FOR OFFICE USE ONLY:**

Account Approved by \_\_\_\_\_ Date \_\_\_\_\_

EBM Activated by \_\_\_\_\_ Date \_\_\_\_\_