

**Trend Lab, LLC**  
New Account Set-up Form

**Business Name:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Country \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

(cannot be a PO Box)

City, State, Zip: \_\_\_\_\_

Country \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_

**Secondary Contact Person:** \_\_\_\_\_

Any additional names that  
can place an order. \_\_\_\_\_

**Phone #1** \_\_\_\_\_

**Phone #2** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

Retailer Type (circle one): BABY    DRUG    EMBROIDERY    E-TAIL    GIFT  
HOSPITAL    INTERIOR DESIGN    OTHER \_\_\_\_\_

**Federal Tax ID:** \_\_\_\_\_

**State Resale Number:** \_\_\_\_\_ **\*Must receive copy via fax or email**

**Payment Information**

**Card Holders Full Name(s):** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Country \_\_\_\_\_

**Phone #1** \_\_\_\_\_

**Phone #2** \_\_\_\_\_

\* Credit Card Number: \_\_\_\_\_

\* Expiration Date: \_\_\_\_\_

\* Type of card: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_

**Preferred Method of**      Email \_\_\_\_\_      Mail \_\_\_\_\_

**Delivery for Invoices:**

Email address: \_\_\_\_\_

**Trend Lab, LLC**  
**3190 West County Road 42**  
**Burnsville, MN 55337**

**Toll Free: 866.873.6352**

**Fax: 952.890.9775**

Email: [sales@trend-lab.com](mailto:sales@trend-lab.com)

Website: [www.trend-lab.com](http://www.trend-lab.com)

\* **May be provided at time of first order**