



Please email your completed form to accountspayable@rytash.com

Account Application

Applicant Information

Company Name: _____ Date: _____

Contact Name: _____ Title: _____
Last First M.I.

Billing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Payment Terms: Net 10- Credit Card Sales Tax #: _____ Webpage: _____

What type of items do you currently sell: _____

Will you be selling our product online? YES NO

Will you be selling our product in a physical store? YES NO If yes, what is address (if different from above)? _____

Are you a Retailer / E Tailer / Distributor / ALL (circle the **one** that applies)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Date: _____