



**APPLICATION FOR SELLERS**

**Fax to: 914 833-1134 or email to: sales@migralex.com**

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**Tax ID#** \_\_\_\_\_ **DUNS #** \_\_\_\_\_

**Number of Stores:** \_\_\_\_\_ **Annual \$ Sales Volume** \_\_\_\_\_

**Type of products or services offered** \_\_\_\_\_

**References:** (Please give at least 3 suppliers from whom you purchase products)

1. **Company Name:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax# :** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **email address:** \_\_\_\_\_

2. **Company Name:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax# :** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **email address:** \_\_\_\_\_

3. **Company Name:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax# :** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **email address:** \_\_\_\_\_

4. **Company Name:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax# :** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **email address:** \_\_\_\_\_