



VENDOR APPLICATION

Dear Prospective Vendor:

We thank you for your interest in supplying your products/services to us.

In order to open a vendor account with us, we request you to fill this application form in full.

Please email us the following documents listed below to purchasing@bascodistribution.com:

Completed Vendor Application Form
Company Registration
Sales Tax/VAT Certificate

We look forward to working with you.

Sincerely,
Basco, Inc.



PLEASE FILL OUT COMPLETELY

Full Company Name _____
 Address _____

 Country _____
 Tel Number _____
 Email _____
 EIN/VAT _____

How long have you been doing business under this name? _____
 Is your company owned by another company? Yes No
 If yes, name of the parent company _____
 Do you need a written PO? Yes No

PRINCIPALS (If corporation, list major stockholders. If partnership, list all partners. If sole proprietorship, list order.)

Full Name _____
 Address _____

 Country _____
 Tel Number _____
 Driver License No _____
 Title _____

Full Name _____
 Address _____

 Country _____
 Tel Number _____
 Driver License No _____
 Title _____

A/c Receivables Bookkeeper _____



Type of Business:

- Wholesaler
- Distributor
- Publisher
- Retailer
- Manufacturer
- Service Provider

Products Offered:

- Consoles
- Accessories
- Mobile Phones
- Software
- Gift Cards
- Other

Are you direct with any manufacturers/publishers? If yes, please provide details:

Do you offer price protection on the offered products? Yes No

Are there any MOQ on orders? Yes No



TRADE REFERENCES

Full Company Name _____
Address _____

Country _____
Tel Number _____
Email _____
Contact _____

Full Company Name _____
Address _____

Country _____
Tel Number _____
Email _____
Contact _____

Full Company Name _____
Address _____

Country _____
Tel Number _____
Email _____
Contact _____

Full Company Name _____
Address _____

Country _____
Tel Number _____
Email _____
Contact _____