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SPECIAL ACCOUNT REGISTRATION FORM

Please complete the application and fax to (954) 570 5589 or email to sales@macroenter.com

Name of Institution			Contact Name	
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State	Zip	Phone Number		Fax
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Shipping Address			City	
State	Zip	<input type="checkbox"/> Click here if Shipping Address is the same as the address above		
<div>Please specify the type of institution:</div> <div><input type="checkbox"/> Are you tax exempt</div> <div>Tax exempt institutions should attach the tax exempt certificate</div> <div><input type="checkbox"/> Religious</div> <div><input type="checkbox"/> Non Profit</div> <div><input type="checkbox"/> Franchise</div> <div><input type="checkbox"/> Other (Specify)</div>				
<div>All the institutions that join our program will have the following benefits:</div> <div>-Special prices, including the free shipping products</div> <div>-Reward Program</div> <div>-Order online with special prices</div>				

Date

Signature