



Application for Drop Shipping Program

Fax the completed application to (810) 885-7808 or email it to sales@drugsupplystore.com

- 1) Name of the Company : _____
- 2) Doing Business As (DBA) : _____
- 3) Physical Address : _____

City: _____ State: _____ Zip Code: _____
- 4) Contact email : _____
- 5) Contact Phone : _____
- 6) Fax Number : _____
- 7) Email Registered with DrugSupplyStore.com : _____
- 8) Do you sell on Ebay : Yes No (please ✓ one)
- 9) In case if the answer is yes, : _____
Please provide your Ebay id
- 10) Do you sell on Amazon : Yes No (please ✓ one)
- 11) In case if the answer is yes, : _____
Please provide your Amazon store name
- 12) Name of your websites: : _____

- 13) Do you sell in the retail store: Yes No (please ✓ one)

The above information is entered to the best of my knowledge.

Signature: _____ Date: _____

Name : _____

Title : _____