



## Online Password Request Form

Please fill out and fax this form along with a copy of your resale certificate to

(214) 329-4203

New Customer

Existing Customer

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

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (this will be your username): \_\_\_\_\_

Preferred Password: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

TAX ID/RESALE/SELLER'S PERMIT NUMBER: \_\_\_\_\_

**ALL ITEMS ARE REQUIRED. UPON APPROVAL, YOUR LOGIN INFORMATION WILL BE EMAILED TO YOU. PLEASE NOTE THAT WAIT TIMES MAY BE UP TO ONE WEEK.**