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## NEW WEBSTORE ACCOUNT FORM

<i>CURELINE USE ONLY</i>			
<b>ACCOUNT NUMBER:</b>			
<b>ACCOUNT DATE:</b> mm/dd/yyyy			
COMPANY NAME:		BUSINESS & LEGAL NAME (IF DIFFERENT):	
MAILING ADDRESS:		SHIPPING ADDRESS: <input type="checkbox"/> SAME	
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:
<i>FOR ALL LEGAL DOCUMENTS</i>		<i>WE CANNOT SHIP TO A PO BOX ADDRESS !!!</i>	
<b>ADDITIONAL INFORMATION:</b>			
DATE BUSINESS STARTED:                      (YEAR) <small>IF LESS THAN A YEAR, ADDITIONAL INFORMATION IS REQUIRED</small>		NATURE OF BUSINESS:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership / LLC <input type="checkbox"/> Sole Proprietorship            Parent Company:			
<small>BUSINESS INFO: PLEASE PROVIDE THE NAMES OF PI, DEPARTMENT HEAD AND ONE OF THE EXECUTIVE OFFICERS (CEO, CFO, CMO, CSO)</small>			
NAMES – PI / OFFICERS	TITLE	WORK PHONE #	EMAIL:
COMPANY EIN:                      -                      -			
<input type="checkbox"/> <b>By checking here, I acknowledge that I have read and agree to the Material Transfer Agreement as found on the Cureline Webstore (<a href="http://www.order.cureline.com/content/6-material-transfer-agreement">www.order.cureline.com/content/6-material-transfer-agreement</a>).</b>			
NAME:		DATE:	