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## B2B Registration Form

Please fill out the following form to register as a B2B customer.

### Business Information

Business Name

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Business Type

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Industry

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Business Website

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### Contact Information

Contact Name

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title/Position

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Email

 example@example.com

Phone Number

 (000) 000-0000

Please enter a valid phone number.

### Billing Information

Billing Information

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### Additional Contacts

Secondary Contact Name

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title/Position

---

Email

 example@example.com

Phone Number

 (000) 000-0000

Please enter a valid phone number.

### Services Requested

Describe the services or products your business is interested in

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Any specific requirements, notes, or additional information

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Please select your marketing preferences:

I would like to receive updates, promotions, and news from Your Company.  
 I do not wish to receive marketing communications.