



## Business Registration Form

Rommel Chesapeake, Inc.  
DBA: Rommel's ACE  
P.O. Box 160, Fruitland, MD 21826  
Phone: 410-749-3600 ext 116 / Fax: 410-749-7698  
rmorgan@rommelusa.com

### Business Information:

Date: \_\_\_\_\_

Full Legal Name of Business: \_\_\_\_\_

How long in business under this name: \_\_\_\_\_

Nature of business: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_ (Required)\*

Federal ID #: \_\_\_\_\_, and/or Business License #: \_\_\_\_\_

Tax Exemption Number (if applicable): \_\_\_\_\_

\*\*Please attach copy of tax exempt certificate.

I understand that the purpose of the Business Registration Form is to participate in promotions and discounts exclusively offered by Rommel's Ace. I further understand that by providing my email address I will receive an email copy of each invoice that is invoiced using this registration.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signer's Printed Name and Title: \_\_\_\_\_