



Crossbow Group, Inc.

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New Customer Set Up Check List

Please provide the following. A copy of all documentation should be made available to your Crossbow/ReCaP™ representative prior to delivery of your product.

Business Name: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Fax: _____

***Email:** _____ **will be used as your login user name**

***Password:** _____

Authorized Contacts: _____

Authorized Signers: _____

Accounting Contact: _____

Preferred Log in: _____

Preferred Password: _____

Please verify Dealer Agreements are signed and included along with:

- Federal ID # (attach copy)
- Business License (attach copy)
- State Tax # (attach copy)
- Liability Insurance (attach copy)
- Disclosure Form Received

Your Crossbow/ReCaP/Aesop Representative: _____

Date: _____