



DESIGNER/DECORATOR APPLICATION

NEW DESIGNER ACCOUNT INFORMATION

Business name: _____

Owner's name: _____

Address: _____

Shipping Address (if different from mailing): _____

Business phone: _____

Home phone: _____

Fax: _____

Email: _____

Trade references: _____

Name	Your account	Phone terms
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1.	_____	_____
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2.	_____	_____
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3.	_____	_____
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Sales Tax ID (copy): _____

Terms requested: _____

COD	Credit Card	15 Days	30 Days
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Date: _____

Authorized signature: _____