

## **Account Application**

Please provide <u>all</u> the information requested.

Member Information				
Owner/Principal First:	Last:			
Trade Name:				
Mailing Address:				
City:		State:	Zip Code:	
Cell Phone:	Office Phone:			
Email:	Website:			
Social media handle(s):				
Shipping address if different from	om above:			
Year established:	Firm Size:	Ann	ual Project counts:	
		•	FabricsFurnitureHardware	
Buyer / Designer / Spec	ifier that can obtain qu	otes and pl	ace orders:	
First:	Last:		Title:	
Email:	Cell Phone:			
Trade Reference #1:  Trade Reference #2:			Account #:	
Professional Organization Mer			Account II.	
_	ethods of payment: Cash, Checks, I only, no customer cards or checks.	Debit, American E There is a 3% con		
certificate and accurate busine This application must be sign		Affix business card	l here:	
Authorized Signature				
Print Name				
Date				