



New Customer Application

Date: _____

Company Name: _____

Type Of Business: _____

Owner Full Name: _____

Contact Name of Purchaser: _____

Contact Name Responsible For Payments: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website Address: _____

Company Billing Information:

Company Name: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Circle if Invoices should be mailed – emailed - faxed

Company Shipping Information:

Company Name: _____

Street: _____

City: _____

State: _____

Zip Code _____

Country: _____

Sales Tax ID# (Please send a copy of Sales Tax ID with filled out application): _____

How did you hear about us? _____

Please give us an example of what type of lampshades you are looking to order from our company:

Are you planning on becoming a stocking dealer (\$2,000 or more per year) or a non stocking dealer?
Non stocking dealers are subject to pay an additional \$100.00 on every order-

Please submit two Vendor references:

Company Name: _____

Company Contact: _____

Company Address: _____

Company Phone: _____

Company Fax: _____

Company Name: _____

Company Contact: _____

Company Address: _____

Company Phone: _____

Company Fax: _____

Name of Applicant

Signature of Applicant

Date