A R T E S I A

4077 PONCE DE LEON BLVD
CORAL GABLES, FL 33146
Ph 305-445-3212
Fax 305-446-1168

CUSTOMER ACCOUNT APPLICATION

( ) ( )

Company Name | Phone | Fax

Mailing Address | City | State | Zip

Street Address | City | State | Zip

Proprietirship: ____ Partnership: ____ Corporation: ____ L.L.C.: ____

In Business Since: _____

Type of Business

Brick and Mortar: _____ Number of Stores: _____ Average Sq': _____

Interior Designer Firm: _____ Individual: _____

Online / E-Commerce: _____

Federal Employer Tax ID: _____ State Sales Tax Certificate: _____

*Copy of State Sales Tax Certificate Required

Shipping Address | City | State | Zip

( )

Shipping Address Line 2 | Warehouse Name | Phone

Buyer's Name: _____ A.P. Name: _____

Buyer's E-Mail: _____ A.P. E-Mail: _____

Buyer's Phone: _____ A.P. Phone: _____

Signature | Name and Title | Date