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## NEW ACCOUNT APPLICATION FORM

PLEASE FILL OUT THIS FORM IN ITS ENTIRETY

### ABOUT YOUR BUSINESS:

Business Name

Web Page Address

Type of Business

Type of Entity

Business Opening Date

Retail Store Front

Corporation

Web Sales Only

Partnership

Designer - Commercial Location

Sole Proprietor

Designer - Home Based

Workroom - Commercial Location

Workroom - Home Based

Hotel

Other - Please Specify Below

Other Business Not Listed Above

Business Phone Number

Business Fax Number

### BILLING INFORMATION:

Billing Address

Billing Address Line 2

City

State

Zip Code

Accounts Payable E-mail Address for Invoices (issued via email only)

### PERSON TO CONTACT FOR PAYMENT OF INVOICES:

Contact Name

Contact Title

Phone Number

Email Address

**SHIP TO ADDRESS (if different than bill to):**

**Company Name:**



**Ship To Address**

**City**

**State**

**Zip Code**

**Are There Additional Ship To Addresses?**

**No**

**Yes (please list below)**

**Ship To Address**

**City**

**State**

**Zip Code**

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**PURCHASE ORDER CONTACT INFORMATION:**

**Contact Name**

**Contact Title**

**Contact's Email**

**Contact's Phone Number**

**Contact's Fax Number**

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**SHIPPING INFORMATION:**

**\*Please Provide an Email Address to Receive Your Order Tracking Information\***

**Contact Name**

**Contact Title**

**Select Your Preferred Shipping Method**

PRE PAY AND ADD TO INVOICE UNDER DOWN INC. UPS ACCOUNT  
- Our UPS account is contracted for our product to give you the best pricing available  
YOUR UPS / FEDEX ACCOUNT

**UPS Account Number**

**FedEx Account Number**

**Special Shipping Instructions:**

**TO EXPEDITE YOUR REQUEST FOR A DOWN INC. WHOLESALE ACCOUNT, PLEASE BE SURE TO:**

**PROVIDE A COPY OF YOUR SALES TAX CERTIFICATE (attach along with this form)**

**INCLUDE A WEB PAGE ADDRESS AT TOP OF PAGE 1 (if applicable)**

**FILL OUT THIS FORM IN ITS ENTIRETY**