

JULIAN CHICHESTER

NEW CUSTOMER APPLICATION

Business Name: _____

Principal Contact: _____

Main email: _____

(Your *main email* is where all quotes and information prior to placing an order will be sent.)

Alternate Contact Name: _____

Alternate email: _____

Phone: _____ Fax: _____ Mobile: _____

Tax Exemption Number: _____ State Issued: _____

**We also require a photocopy of your actual resale certificate issued to be on file.
Please send a scanned copy or legible photograph from a mobile device with your completed application.
All applications without a copy of the resale will be held until it is provided.**

BILLING INFORMATION

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Contact: _____

Billing email: _____

(Your *billing email* is where all orders, requests for payment and invoices will be sent.)

**All orders are *pro forma* and must be paid in full prior to shipping.
We will accept either checks or credit cards from your business account or from your client if authorized.**

Signature: _____

By signing this agreement, I acknowledge that I have carefully read, understand, and agree to the attached terms and conditions.