

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.

NEW CUSTOMER APPLICATION

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: _____ Date: _____

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

New York Design Center: 200 Lexington Ave, Suite 604, New York, NY 10016 | 646.293.6622

Atlanta Decorative Arts Center: 351 Peachtree Hills Avenue NE, Suite 139, Atlanta, Ga 30305 | 470.355.6139

High Point Showroom: 118 MLK Jr Drive, High Point, NC 27260

JULIANCHICHESTER.COM