



design resource center to the trade

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Mequon, WI 53092

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ACCOUNT APPLICATION

Company Name: _____

Billing Information _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email: _____

Shipping Information (if different from above)

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email: _____

Company Information

Names of Owner, Partners or Officers (include titles)

1. _____

2. _____

Legal Entity: Corporation Partnership Sole Proprietorship

Sales Tax Status: Exempt Non-Exempt * copy of resale certificate is required w/app.

Sales Tax ID: _____ Federal ID Number: _____

Accounting Contact

Name: _____

Phone Number: _____

Email: _____

Trade References: *Trade Reference Form Required with Application

Processing your application may take 2-3 days, without complete information this time frame may increase. All submitted information is given for the purpose of opening an account with Inspier and is warranted to be true, accurate and complete. Authorization is hereby given for the receipt and exchange of credit information. I (We) understand that should the account become delinquent it be necessary to employ a collection agency or attorney to collect or commence suit to enforce payment, I (we) agree to pay all attorney or collection fees plus the cost of the suit. The undersigned personally and unconditionally guarantees all payments and debts of the account outlined above.

Signature: _____ Title: _____

Print Name: _____ Date: _____