



# ACCOUNT APPLICATION

P 404 400 3939

info@LEVEL57art.com  
**LEVEL57art.com**

Company Name: \_\_\_\_\_

Website: \_\_\_\_\_  Retailer  Designer  Hospitality

## OWNER / PRINCIPAL

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## BUYER / DESIGNER / SPECIFIER

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## BILLING ADDRESS

Billing Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Federal ID No. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

## SHIPPING ADDRESS

Same as billing address  Shipping address will be given on purchase order

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Federal ID No. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

## RESALE CERTIFICATE OR TAX EXEMPTION

Resale No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

State Issued By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_