Request For Account



Firm Name				
Address				
Сіту		ST	ATE	Zip
Telephone		FA	۱X	
E-Mail		W	(EBSITE	
BUSINESS CLASSIFICATION:				
O RESIDENTIAL DESIGNER	Retail	L STORE	Website	
O Design Firm	O YE	es O No	Retail Store	Square Footage
O Architect	Sноw	/ROOM	# OF DESIGNI	ers On Staff
O Other	O Yi	es O No		
Tell Us About Your Busines	55:			
O SOLE PROPRITORSHIP	Officers Of Firm			
O Partnership	1		Position	
O CORPORATION	2		Position	
Resale #			Opening An Account:	
Dunns #			The Exclusive Distributor Of Cindy Ciskowski. Fax It To	
# Of Years In Business				
Trade References			Licenses.	
1 Name			Phone	
Address			Fax	
2 Name			Phone	
Address			Fax	
3 NAME			Phone	
Address			Fax	

I AGREE TO PAY ALL ACCOUNTS IN FULL PRIOR TO SHIPMENT UNLESS OTHERWISE AGREED. IF COLLECTION OF AMOUNT DUE IS REQUIRED, THE COSTS OF SUCH COLLECTION, INCLUDING ALL ATTORNEY FEES SHALL BE THE RESPONSIBILITY OF THE CUSTOMER. I HEREBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT.

 SIGNITURE\_\_\_\_\_
 PLEASE PRINT NAME\_\_\_\_\_

 DATE\_\_\_\_\_\_
 PLEASE PRINT NAME\_\_\_\_\_\_

4117 West Jefferson Boulevard Los Angeles, CA 90016 Phone 323.732.3200 Fax 323.732.3220 www.cindyciskowski.com Exclusive Distributor Lumenrae Inc.