



NEW ACCOUNT APPLICATION

Please fill out all applicable info

Customer information

Company Name: _____

Business Address: _____

Shipping Address: _____

Telephone No. _____ Fax: _____

Seller's Permit No. _____ Contractor's License No. _____

Business Type: Distributor Showroom Dealer Builder
 Contractor Interior Designer Other: _____

No. of Employees: _____ No. of Years in Business: _____

Contact Person: _____ Position: _____

Cell Phone: _____ Email: _____

Sales Volume

No. of Cabinet Containers/Month: _____

No. of Kitchen Cabinet Sets/Month: _____

Intended Purchasing Volume of ArtiCraft Cabinets/Month: \$ _____

How did you hear about us?

KBIS Trade Show Business Affiliates Social Media
 Yelp / Google Reviews Online Search Other: _____

I hereby certify that the above statements are true and accurate. I understand that a false statement may disqualify me for benefits.

Authorized Signature: _____ Date: _____

Print Name: _____

For ArtiCraft Cabinetry Use Only:

Sales Rep: _____

Note: _____