

## BECOME A DESIGN VISIONS CUSTOMER

COMPANY NAME: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

RESALE TAX NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

METHOD OF PAYMENT:

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_

NET 30 \_\_\_\_\_ (CREDIT APPLICATION ATTACHED)

**DO NOT SEND CREDIT CARD INFORMATION WITH THIS FORM  
SOMEONE WILL CONTACT YOU**