



Account Application Form

Company \_\_\_\_\_

Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No: \_\_\_\_\_

City: \_\_\_\_\_

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

State & Zip: \_\_\_\_\_

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

Business Classification

Type of Business

Showroom <input type="checkbox"/>	Architect <input type="checkbox"/>
Interior Designer <input type="checkbox"/>	Homeowner <input type="checkbox"/>
General Shipper <input type="checkbox"/>	Hospitality <input type="checkbox"/>

Individual <input type="checkbox"/>
Partnership <input type="checkbox"/>
Corporation <input type="checkbox"/>

Account Type

Proforma <input type="checkbox"/>	Open – Net 30 <input type="checkbox"/>
NOTE: All initial orders will be processed on a Proforma Basis until Net 30 Terms have been established.	

Application Signature

I/We confirm that the information given herein is accurate and confirm that I/we agree to the Terms of Business and Conditions of Sale of DMS, Inc.

\_\_\_\_\_  
Authorized Signature Title

\_\_\_\_\_  
Name (printed)

