DECORATOR SERVICES
503 W. Rhapsody, San Antonio, Texas 78216
210-979-7979 * sales@decoratorservices.com

New Account Info / Credit APPLICATION

We don't do credit checks, we just check your references

Resale Tax Number _____

Company Name on resale tax permit _____

_____Yes, a copy of my resale tax permit that is required will accompany this application.

Business Name_____

Billing Address_____

City_____**State**_____**Zip**_____

Shipping Address_____

City_____**State**_____**Zip**_____

Business Phone_____ **Fax #** _____
Contact Person_____ **Cell #** _____
Email _____

Type of Business: **_____Proprietorship** **_____Partnership** **_____Corporation**

Principal Owners / Officers

Name_____ **Title**_____

Name_____ **Title**_____

If you are not requesting credit, please select one of the following:

_____Request COD. Drivers License # Required_____

_____Request Automatic Credit Card Payment (Current C.C # must be on file w/code)

3 Trade references required if requesting credit. **"Please confirm your Terms with each reference"**

Company _____ **Phone** _____

Account # _____ **Current Terms?**_____

Company _____ **Phone** _____

Account # _____ **Current Terms?**_____

Company _____ **Phone** _____

Account # _____ **Current Terms?**_____

Signed_____ **Date**_____