



APPLICATION FOR RESELLERS PROGRAM

BUSINESS CONTACT INFORMATION

Company Name:

Phone:	Fax:	E-mail:
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Company Address:

City:	State:	ZIP:
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>
Other: <input type="checkbox"/>		

Website URL:**Type of Company:**

CEO:	No. of Employees:
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Phone:	E-mail:
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Primary Contact Name:

Title:

Phone:	E-mail:
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Name of Authorized buyer/designer/purchaser:

Title:	Phone:	E-mail:
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Do you use purchase orders?**Resale Tax Certificate No./E.I.N :**

(Please FAX or scan a copy of your Certificate or Sales Tax Number with this application)

Please circle the one below that best describes your business:**Products Interested in Purchasing (check all that apply):**

☐ Vetro Frames ☐ Futura Frames ☐ Architek Frames ☐ Infinity Frames (vinyl printed acrylic frame)
☐ Signage ☐ Vinyl Printing ☐ Giclee Printing ☐ Custom Wallpaper ☐ Compliance/Kaizen Boards

What type of business do you operate?

☐ Designer ☐ Architect ☐ Storefront or Retailer ☐ Other Please Specify:

AGREEMENT

I certify that all the information I have provided in and with this application to buy wholesale are true and accurate to the best of my knowledge. I hereby authorize the use of the information provided to establish wholesale status with Aluma Designs.

SIGNATURES

Title:
(Signed by Authorized executive)

Date:

**Please return completed Application & Resell Certificate/ EIN# to
FAX: 800-311-5679 or Email: sales@alumadesigns.com**