



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:

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