

Account Application Form

Business Information

Business Name:

Contact Person:

Phone Number:

Email Address:

Tax ID Number:

Seller's Permit Number:

Business Address:

City, State:

ZIP Code:

Your signature below indicates that you have read and understood the "Service Guide" & "Sandi Warranty Policy" along with this form, and you acknowledge the terms and conditions.

Print Name:

Date:

SIGNATURE

PLEASE FILL OUT AND EMAIL THIS FORM TO Charles@sandicabinet.com

FOR OFFICE USE ONLY