



## ACCOUNT APPLICATION FORM

BUSINESS NAME \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

TAX ID \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

SELLER'S PERMIT NUMBER: \_\_\_\_\_

Your Signature below indicates that you have read and understood the "Essential Customer Information" & "Sandi Cabinets Warranty Policy" along with this form, and you acknowledge its terms and conditions.

PRINT YOUR NAME: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

**Please fill out this form and send to:**  
**Charles@sandicabinet.com**  
**Wayne@sandicabinet.com**