



# SAMUEL & SONS

PASSEMENTERIE

## New Account Application

Company Name		Name of Contact	
Business Phone		Fax	
Address			
City	State	Zip	Country
Primary Type of Clientele			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Contract <input type="checkbox"/> Restoration			
<input type="checkbox"/> Antique Dealer <input type="checkbox"/> Architect <input type="checkbox"/> Contract/Hospitality Designer <input type="checkbox"/> Contract/Hospitality Purchaser <input type="checkbox"/> Designer-No Shop <input type="checkbox"/> Designer- With Shop <input type="checkbox"/> Drapery-Workroom/Upholster <input type="checkbox"/> Government <input type="checkbox"/> Furniture Manufacturer <input type="checkbox"/> Furniture Store <input type="checkbox"/> Other _____			
Trade References			
Showroom Name		Account Number	
Comments			
Paperless Billing Email:			