



CUSTOMER ACCOUNT APPLICATION

Please **COMPLETE** all information in detail and return to us as soon as possible

ARIZONA CUSTOMERS <<Please include a copy of your current contractor license / resale license>>

BUSINESS INFO:

Company Name: _____ Date: _____
 Owner's Name: _____
 Street Address: _____ Office #: _____
 _____ Cell Phone: _____
 City: _____ Fax #: _____
 State: _____ Zip Code: _____ Email: _____
 State Resale Permit: _____ Website: _____
 EIN #: _____ Years In Business _____
 Type Of Business: __ Corporation __ Partnership __ Sole Proprietorship __ Other _____

List below the name of Officers, Partners or Sole Owner:

<u>Name</u>	<u>Email</u>	<u>Cell Phone #</u>
_____	_____	_____
_____	_____	_____

Please Check those applicable :

Retailer Retailer (without a showroom) Distributor
 Contractor Interior Designer Builder/Developer
 Architect Other _____

Trade Reference # 1

Company name: _____ Tel: _____
 Address: _____

Trade Reference # 2

Company name: _____ Tel: _____
 Address: _____

How did you hear about us ?

Referred by a friend (if yes, who is it?) _____
 Yellow Pages Blue Book Internet Other _____

Do you have a kitchen design program?

No Yes (if yes, what program?) _____

Do you need us to help with you with the kitchen design?

No Yes

What other cabinet line do you carry?

Please Fax your completed application and a copy of your State Resale Certificate / contractor license to 480-967-0670 or email to info@jkphoenix.com / konglee@jkphoenix.com . To be processed, your application must include a copy of your State Resale Certificate and two current invoices from a distributor you are currently dealing with for account verification. Please indicate if you are new to the industry.