



**J&K CABINETRY**

## CUSTOMER ACCOUNT APPLICATION

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

**DENVER 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 email your completed application and a copy of your State Resale Certificate / contractor license to [info@jkphoenix.com](mailto:info@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.