Retailer Business Information
New Account Form

Company Name: _____

Type of Business: _____

____Brick & Mortar ____Online ____Both # of locations: _____ Yrs in Business: _____

Billing Address: _____

City: _____ ST: _____ ZIP: _____

Shipping Address:_____

City: _____ ST: _____ ZIP: _____

(if more than one location please complete part of Business Information Form for each location. Only include information that is different ie: contacts that are different).

President/CEO: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Purchasing Contact:_____

Telephone Number: _____ Fax Number: _____

Email: _____

Accounts Payable Contact:_____

Telephone Number: _____ Fax Number: _____

Email: _____

Web Address: http://www._____

State Resale Tax ID #: _____

Federal Tax ID#: _____

Account Terms:

For convenience we accept Master Card, Visa, American Express & Discover. Orders may be placed online at **www.carvedsolutions.com** (you will receive a discount code for online use) or placed via email to **orders@carvedsolutions.com** or via fax **802.872.5998**

CC# _____ **EXP DATE:** _____ **CVV#**_____

60 Lyman Drive | Williston | Vermont 05495 **www.carvedsolutions.com** **dawn.lancaster@comcast.net**