



3 Park Plaza, Suite 1-118, Glen Head, NY 11545
 Tel: 516-504-0387 E-Mail: info@crystaletts.com

Interactive
New Account Application



Date: _____

Company Name: _____

Fed ID# _____

Sales Tax ID: _____

Name of Principal: _____

Registered Address: _____

Retailer: Designer:

Shipping Address: _____

Commercial: Residential:

Website Address: _____

E-mail: _____

Telephone: _____

Type of store: Brick & Mortar:

Internet:

Years in business: _____

Trade Reference:				
	Trade Name	Address	Contact	Phone #
#1				
#2				
#3				

Payment Term: **PREPAID** _____

Payment with credit card: Fee recovery applicable.

New Account Opening Order Requirement: **\$150.00** _____

Sales Term: FOB our warehouse.

*** Please fill out this document then save it to your computer before emailing it to info@crystaletts.com for processing. Thank you.