# Logo Description automatically generated TISCA CUSTOM RUGS

### *NEW CUSTOMER APPLICATION*

### *PLEASE TYPE OR PRINT ENTIRE APPLICATION*

Full Legal Name/Business Entity Phone # Fax #

Doing Business As (DBA)

Billing Address: City State Zip

|  |
| --- |
| Physical Address: |
| Shipping Address: |
| Please Specify how to Ship Goods:  \_\_\_\_ Prepay & Add \_\_\_\_\_ Collect, Specify Shipper you have account with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Company Type:

Proprietorship Partnership Franchise Corporation S Corporation LLC Other**:**

Federal Tax ID: State of Incorporation:

|  |
| --- |
| State Tax Resale #: (Include copy of resale certificate as part of this application.) |

Main Contact E-Mail Address(es): Website:

Main Contact Full Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LSI Sales Rep Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Payable Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Last Updated: 8/31/23

All Sales need to be paid in advance of shipping product.

Please circle how you will pay: CHECK WIRE FUNDS CREDIT CARD(3.5% Fee)

The appropriate form will be provided to be filled out for payment with invoice.

We hereby certify that the merchandise purchased on each order we shall give, and until this notice is revoked by us in writing, is purchased for resale as tangible personal property, or resale of a service subject to tax.

*EMAIL THIS FORM BACK TO: TISCARUGS@LSIFLOORING.COM*

## Authorized Signature/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME CLEARLY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_