Pre-Prepaid Credit Card Application

Please	Select Account Type:	☐ Window Coverings ☐ Textile F	rinting Apparel Printing		
Firm Name:			e: # of Years	in Business:	
Work Phone: Home Phone:			Fax Number		
Busines	ss Street Address:		City:		
State: _		Zip Code:	Email Address:		
Preferre	ed Method of Delivery:	☐ FedEx Ground Shipment ☐ C	ommon Carrier □ Will Call		
Is your	delivery location acce	ssible by Semi-Truck: ☐ Yes ☐ I	0		
0	For: (check one)	□ Corporation □ Partnership □ I	roprietorship 🗆 Individual		
	President:	Hom	e Street Address:		
	City:	State:	Zip Code:		
	Secretary: Home Street Address:				
	City:	State:	Zip Code	:	
	Owner's Social Security No: Owner's Date of Birth:				
	By completing th	ne information above, you are hereb	authorizing Patrician Window Coverings	to pull a credit report.	
F	Credit Card Users:		·		
	Driver's License #:				
	Billing Address:		City:		
	State:	Zip Code: _			
	Credit Card No:		Credit Card Expiration Date:		
	Credit Card Security	Code:	-		
	President's/Owner's	Authorization to Pay with Credit Car	l:		
		WE ARE UNABLE TO AC	CEPT THIRD PARTY CREDIT CAR	DS	
		Ship 7	o Addresses		
If Bill To	o and Ship To Address	ses are different, please indicate:			
	•				
		State:		de:	
Ship To	,		•		
•	·	State:		de:	

(1)



Account Application—Seller's Resale Permit Number Pursuant to The Sales & Use Tax Law

Firm Name:			
I hereby certify that I hold a valid seller's permit number		issued pursuant to the Sales and Use Tax	
Law; that I am enga	aged in the business of selling	that the tangible personal property described	
herein which I sha	II purchase from		
	Patrician Window Coverings, Inc. 12556 Old Galveston Road, Unit 400 Webster, Texas 77598		
will be resold by m	ne in the form of tangible personal property: <i>provided</i> , h	nowever, that in the event any such property is used for	
any purpose other	than retention, demonstration or display while holding	it for sale in the regular course of business, it is understood	
that I am required I	by the Sales and Use Tax Law to report and pay for the	tax, measured by the purchase price of such property.	
Description of prop	perty to be purchased: Vertical, horizontal, mini-blind,	shutters, and roller shades components, materials and	
fabrics.			
Dated:	Signature:		
at	By and Title:		
Phone:	Address:		



Firm Name:	

Note: email address will help expedite online ordering & information requests for invoices and statements.

Dear Valued Customer,

In order to expedite your orders, please fill out the information below as complete as possible. Providing us with direct contact information for your staff will assist our sales personnel in clearing up any questions pertaining to orders.

Account #	Customer:
President/Owner:	Cell Phone: () Email:
Online Administrator:(secure user)	Cell Phone: () Email:
Sales Manager:	Cell Phone: () Email:
Customer Service:	Cell Phone: (
Accounts Payable:	Cell Phone: () Email:
Lead Installer:	Cell Phone: () Email:
Project Manager:	Cell Phone: () Email:
Project Manager:	Cell Phone: () Email: