

CUSTOMER REGISTRATION

SHADES BY ANA

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Account # : <i>(for office use only)</i>			
Legal Business Name:			Date:
Mailing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Phone: ()	Fax: ()	E-mail:	
Years in Business:	Single Owner <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>

PRINCIPALS, PARTNERS OR OFFICERS

	Name	Address	City/State	Zip Code
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

TRADE REFERENCES

	Name	Address	City/State	Zip Code	Acc #
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

BANK REFERENCE

Name of Bank: _____ Officer: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

In order to process your registration **PLEASE MAIL OR FAX:**

- A COMPLETED "CUSTOMER REGISTRATION" (this form)
- A SIGNED COPY OF "TERMS AND CONDITIONS" (download from website & print PDF file)
- A SIGNED COPY OF CURRENT YEAR CERTIFICATE OF RESALE
- A COPY OF YOUR COMPANY LETTERHEAD OR A BUSINESS CARD