



NEW BUSINESS REGISTRATION FORM

Name of Business: _____
As you want it to appear on your invoices

Note: Please also provide us with any documentation with which we can verify that you are a business entity, including, but not limited to your EIN Certificate or State Sales Tax Certificate.

Principle Contact: _____

Email: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: (Include Area Code) _____

Fax: (Include Area Code) _____

Cell Phone: (Include Area Code) _____

Tax ID#/EID#: (Nine digit number) _____ Sample Kit Charge: _____

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Name on Credit Card: _____

Billing Address: (If different from above) _____

City: _____ State: _____ Zip: _____

Customer Signature: _____

Manufacturers Rep Name: (If any) _____

Internal Customer Number/Account #: (For internal use only) _____

Please Fax to 1.828.859.9940

Attention:

Lisa Wofford, Picture Weave
81 Skylar Drive • Lynn, NC 28750
Phone: 800.344.3188 ext. 312