



# NEW ACCOUNT REGISTRATION

Sales Representative's Name

COMPANY NAME

OWNER/PARENT ORGANIZATION:

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

BUSINESS TYPE:

Cabinet Dealer

Builder

General Contractor

Wholesaler

Other:

How long have you been in business?

0-1 Years

1-3 Years

3-5 Years

5-10 Years

10+ Years

Average Annual Gross Sales

ACCOUNTS PAYABLE:

NAME

PHONE

EMAIL

OTHER APPROVED CONTACTS OR BUYERS:

NAME

PHONE

NAME

PHONE

BILLING INFORMATION:

SAME AS BUSINESS "YES", IF "NO"  
ENTER BILLING INFORMATION BELOW

YES

NO

NAME

ADDRESS

CITY

ST.

ZIP

IS THIS ACCOUNT TAX  
EXEMPT?

YES

APPLICANT SIGNATURE

DATE

(IF YES, PLEASE ATTACH  
TAX EXEMPTION FORM)

NO

\*PLEASE SEND COMPLETED APPLICATION AND  
SALES TAX EXEMPTION FORM (IF NEEDED) to :

[SALES@VITAEOUTDOOR.COM](mailto:SALES@VITAEOUTDOOR.COM)