



TRADE ACCOUNT FORM

RESIDENTIAL - HOSPITALITY - COMMERCIAL

COMPANY NAME _____ PHONE _____
EMAIL ADDRESS _____ ALTERNATE _____
WEBSITE _____ FAX _____

BILLING ADDRESS: _____ SHIPPING ADDRESS: SAME AS BILLING

TYPE OF BUSINESS
SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION
YEARS IN BUSINESS _____ PRINCIPLE BUSINESS TYPE _____
STATE SALES TAX # _____
FEDERAL TAX ID # _____
DESIGNER LICENCE # _____

OFFICERS / OWNERS INFORMATION:

NAME / TITLE: _____ ADDRESS: _____
1) _____
2) _____

PRIMARY INDUSTRY FOCUS (CHECK ALL THAT APPLY)
 RESIDENTIAL CUSTOM HOMES
 COMMERCIAL ARCHITECT
 HOSPITALITY RETAILER

COMPLETION OF THIS FORM ENTILES YOU TO OUR INDUSTRY TRADE DISCOUNT STRUCTURE. BILLING TERMS ARE PRO FORMA. WE USE FIRSTDATA TO PROCESS CREDIT CARD PAYMENTS. YOUR PERSONAL FINANCIAL ACCOUNT INFORMATION IS KEPT SECURE A 1028-BIT ENCRYPTED SYSTEM GLOBAL GATEWAY. NO INFORMATION IS SHARED WITH ANY OUTSIDE ORGANIZATION.

I CERTIFY THAT ALL ABOVE INFORMATION IS TRUE AND CORRECT. PURCHASES ARE FOR RESALE AND WHISPAR INNOVATIONS WILL NOT BE HELD RESPONSIBLE FOR ANY SALES OR USE TAX DUE ON PRUCHASES. PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

AUTHORIZED SIGNATURE DATE

PRINTED NAME