

Customer Code: _____

(Internal Use)



10999 Rocket Boulevard, Orlando, FL 32824
Phone (407) 578-2208 **Toll Free Phone (800) 729-0783 Fax (407) 578-6210 ** Toll Free Fax (888) 503-0979
www.homelegance.com or www.snaimports.com

DEALERSHIP APPLICATION

(This is NOT a credit application)

Dear Customer:

All required fields must be completed in order for the application to be processed. Please fill in the form and fax back to us along with the copy of a current Resale Tax Certificate. Thank you for your cooperation.

Company Name*: _____ **Resale Tax ID#*:** _____

D/B/A: _____ **Business Type*:** [] Individual [] Partnership [] Corporation

Business/Mailing Address*: **Address:** _____ **Suite:** _____

City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

Phone*: _____ **Fax*:** _____

Email: _____ **Website:** _____

General Information: **Owner/Principal's Name *:** _____ **Home Phone:** _____

Authorized Buyer/Contact Person*: _____ **Phone:** _____

Shipping Address (if different): **Address:** _____ **Phone:** _____

City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

Payment Method*: [] Cash/Check [] CIT* [] Wire Transfer

*If you already have an account with CIT, please provide us with the account number.

CIT Acct#: _____

A/P Contact Person*: _____ **Phone:** _____

I certify that the information in this application is correct.

I assume responsibility of payment for products purchased. I agree to the dealer terms as established by Homelegance by S&A Imports. I agree to pay court costs if the account is ever placed for collection.

Signature: _____ **Print Name:** _____ **Date:** _____

Thank you for considering Homelegance as one of your furniture suppliers.

We look forward to assisting all of your furniture needs. Please fax this application form to us after completion.