



SALVATIONS

ARCHITECTURAL FURNISHINGS

DESIGN PROFESSIONAL REGISTRATION

SALVATIONS ONLY SELLS "TO THE TRADE." DESIGN PROFESSIONALS MAY ORDER PRODUCTS THROUGH OUR SHOWROOMS; IF THERE IS NO SHOWROOM IN YOUR AREA PLEASE CONTACT SALVATIONS DIRECTLY.

DATE: ____ / ____ / ____

COMPANY NAME: _____ PRINCIPAL CONTACT: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ FAX: () _____ EMAIL: _____

RESALE NUMBER: _____

TRADE REFERENCES:

PLEASE LIST 3 TRADES REFERENCES IN THE AREA PROVIDED BELOW. A COMPLETE ADDRESS, TELEPHONE, AND FAX NUMBER IS REQUIRED.

COMPANY NAME: _____ PRINCIPAL CONTACT: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ FAX: () _____ EMAIL: _____

COMPANY NAME: _____ PRINCIPAL CONTACT: _____

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