



# 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: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PRINCIPAL CONTACT: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_