



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

( COPY REQUIRED ; TO BE SENT WITH CATALOG PAYMENT )

## ■ 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 : \_\_\_\_\_