Petersen-Arne

Paper Accents™

4310 W. Fifth Ave. P.O. Box 2683, Eugene OR 97402 (541) 485-1406 Fax: (541) 485-3459

Account Information

New___ **Acct. #**_____ **Date**: _____/_____/ 20____

Legal: Store / Business / DBA Name: _____

Name of Corporation *(if different)*: _____

Primary Address: _____

City/State/Zip Code/Country:_____

Business Phone: (_____) _____ Business Fax: (_____) _____

Sales Tax # or Seller's Permit Number #_____ Web site: www._____

Owner Name(s): _____ Owner's home phone: (_____)_____

Owner's cell phone: (_____)_____Owner's e-mail:_____

Shipping: Ship to Name *(if different)*:_____Phone: (_____)_____

Street Address *(if different)*: _____

International Importer's Tax Code for customs: _____

Billing: Billing Address *(if different)*:_____

Accounting Phone: (_____) _____ Accounting Fax: (_____) _____

Bookkeeper name: _____ Accounting e-mail: _____

Purchasing: Buyer name(s): _____

Product Info Mailing Address *(if different)*: _____

Buyer e-mail: _____ Buyer Phone: (_____) _____

How did you hear about us? Tradeshow: _____
Referral from another customer or vendor, who? _____
Internet: _____ Print Advertising in: _____ Other: _____

Payment Preferences:

1) __ Pay Pal *(send payment to paypal@petersen-arne.com)*
2) __Visa / MasterCard credit cards only *(fill in information below)*
3) __ Net 30 Credit *(Fill out separate application)*

Method to use pending credit approval process?
_____

I am a :

__ Retailer →
__ Manufacturer
__ Professional / Designer
__ Home-based Business

Shipping address is:

__ Residential
__ Commercial

Retailers Check one:

__ Crafts Store
__ Quilt Shop
__ Fabric Store
__ Paper / Stamping / Photo
__ Yarn / Needlework Shop
__ Variety /Drug Store
__ Catalog / Internet Outlet
__ Other _____

Credit Card Information: *(circle one)* Visa / MasterCard *Debit card users should call customer service.*

Cardholder Name (*exactly as it appears on card*):_____

Credit Card Number: _____-_____-_____-_____ Expiration: _____/_____

Required Card Billing Address: _____Zip_____
Required 3-Digit Security Code: _____
Required Signature authorizing card billing on shipment: _____