



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: _____



■ **BANK REFERENCE:**

PLEASE LIST A BANK REFERENCE IN THE AREA PROVIDED BELOW. A COMPLETE AND VALID ACCOUNT NUMBER, ADDRESS, TELEPHONE, AND FAX NUMBER IS REQUIRED.

BANK NAME: _____ **PRINCIPAL CONTACT:** _____

BANK ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: () _____ **FAX:** () _____

ACCOUNT NUMBER: _____