



BIJOUTM
COVERINGS

516.469.3060

WWW.BIJOUCOVERINGS.COM

TRADE ACCOUNT APPLICATION

COMPANY: _____ DATE: _____
FIRST NAME: _____ LAST NAME: _____
EMAIL: _____ FAX: _____
RESALE LICENSE ID: _____ TAX ID: _____
WEB ADDRESS: _____

TYPE OF BUSINESS:

DESIGNER SHOWROOM HOSPITALITY/CONTRACT

BILLING INFORMATION:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

CREDIT CARD INFORMATION

VISA MASTERCARD AMERICAN EXPRESS

BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CREDIT CARD NUMBER: _____ EXP: _____ CVV: _____
CARD HOLDER NAME (PLEASE PRINT) : _____
SIGNATURE: _____

ALL CREDIT CARD PROCESSING ARE SUBJECT TO A 4% CREDIT CARD SERVICE FEE.

**PLEASE FAX THE COMPLETED FORM TO
5165393408**