

# CLIENT ACCOUNT FORM

SUBMIT COMPLETED FORM TO:  
SALES@DEMIURGENEWYORK.COM

## PRIMARY CONTACT

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

ADDRESS 2: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

## ADDITIONAL CONTACTS

## PROFILE

NAME(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TYPE OF  
FIRM:

INTERIOR DESIGN

ARCHITECTURE

OTHER: \_\_\_\_\_

TYPE OF  
BUSINESS:

RESIDENTIAL

CONTRACT

PURCHASING AGENT

OTHER: \_\_\_\_\_

## CERTIFICATE OF RESALE INFORMATION

IN ADDITION TO THIS FORM, TO AVOID SALES TAX CHARGES, YOU MUST COMPLETE AND SUBMIT A CERTIFICATE OF RESALE FORM FOR THE STATE(S) IN WHICH YOU DO BUSINESS & SUBMIT A COPY OF YOUR CERTIFICATE OF REGISTRATION.

STATE: \_\_\_\_\_ NUMBER : \_\_\_\_\_ EXP DATE: \_\_\_\_\_

I VERIFY THE ABOVE INFORMATION, HAVE REVIEWED "RESPONSIBILITIES OF THE DESIGNER " & AGREE TO ITS PARAMETERS.

SIGNATURE: \_\_\_\_\_

PRINTED: \_\_\_\_\_

DATE: \_\_\_\_\_

## NOTES

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