

Office	e Use	Only
CU#:		
CC#:		
SP#:		
D.	V	N

## SLS Arts is a nationwide distributor of Art Supplies selling to "brick & mortar" retail stores only.

COMPANY NAME:		
COMPANY ADDRESS:		
CITY:		
STATE:		
ZIP:		
PHONE:	FAX #:	
RESIDENTIAL ADDRESS:	COMMERCIAL ADDRESS:	
EMAIL ADDRESS:		
MAILING ADDRESS IF DIFFERENT:		
AUTHORIZED BUYER:		
What type of business do you have? An existing retail storeArt DepartmentCollege BookstoreOnline CompanyA ManufacturerNew StoreOther (please explain)		
How much retail space do you have?		
Years in Business:		
How many employees do you have?		
Estimated Annual Purchases:		



## TRADE REFERENCES:

1			_ ACCOUNT#:	
ADDRESS:			_ PHONE #:	
CITY:	STATE:	ZIP: _		_ FAX#:
2			_ ACCOUNT#:	
ADDRESS:			_ PHONE #:	
CITY:	STATE:	ZIP: _		_ FAX#:
3			_ ACCOUNT#:	
ADDRESS:			_ PHONE #:	
CITY:	STATE:	ZIP: _		_ FAX#:
4. BANK:			_ ACCOUNT#:	
ADDRESS:			_ PHONE #:	
CITY:	STATE:	ZIP: _		_ FAX#:
FEDERAL I.D. NUMBER of	or SOCIAL SECURITY NUMBER	:		
STATE REGISTRATION C	ERTIFICATE NUMBER:			(ATTACH COPY)
CITY, COUNTRY OR PARI	(ATTACH COPY			
The State of Louisiana Dep	artment of Revenue requires SLS	Arts to have a	a copy of your res	sale certificate on file.
processing per Act 9 of Louis I personally guarantee to pay	materials, merchandise and services siana Regular Session of 1948 and a for all purchases and agree to pay a e deemed necessary for the collection	as amended. All all legal or colle	the above inform ction fees and any	ation is true.
Signature of Purchaser	Home Add	lress	Drivers	License No.
Signature of Purchaser	Home Pho	ne Number		License No.