



NO ACCOUNT WILL BE OPENED WITHOUT COMPLETION OF THIS FORM AND A COPY OF YOUR BUSINESS LICENSE, RESALE LICENSES OR TAX ID

**16745 Saticoy Street Suite 101
Van Nuys, CA 91406
Tel (818) 780-5497 - Fax (818) 780-5498
www.trendsetteryarns.com**

Customer Registration Form

Business Contact Information

Resale # or Tax ID Number:		Social Sec#	
Owner's Name:		Home Phone:	
Owner's Residential Address:			
Company Name:		Corp _____ Sole Proprietorship _____	
Phone:	Fax:	E-mail:	
Company address:			
City:	State:	Zip:	Date business established:
Retail: _____	Manufacturer: _____	Internet: _____	Designer: _____
Web site:			
How long at current address:			
Bank name:			
Bank address:			
City:	State:	Zip:	Phone:
Account Type:		Account number:	

Manufacturer/Designers need 3 full detailed customer references. Please include contact name, address & phone numbers.

Reference 1:

Reference 2:

Reference 3:

Business and/or trade references

Company name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:			

I wish to pay my account by Credit Card: Visa:___ MasterCard:___ American Express:___

Account Number:_____ Exp. Date:_____ Zip Code:_____
(statement address Zip code for billing)

Cardholder name:_____

Cardholder signature:_____

All new accounts terms are established as Credit Card, C.O.D. or Prepaid for the first year.

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