



**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**

<b>Resale # or Tax ID Number:</b>		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**

<b>Company name:</b>			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
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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