



**Dilmaghani** - 540 Central Park Avenue, Scarsdale, NY 10583  
 (914) 472-1700 -----Fax (914) 472-5154

**APPLICATION FOR DESIGN FIRM ACCOUNT - PAGE 1 of 2**

Company Name \_\_\_\_\_  
 Attention/Contact \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Shipping Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County where business is located \_\_\_\_\_  
 Office Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax No.(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Federal ID No. \_\_\_\_\_ Resale No. \_\_\_\_\_ State \_\_\_\_\_  
 (SSN for individuals)  
 Profession:  Interior designer  Architect  Facility Planner  other: \_\_\_\_\_  
 Professional Association:  AIA  ASID  FASID  IBD  ISID  ABT

**ORGANIZATION**

Corporation  Partnership  Proprietorship  Individual  Other \_\_\_\_\_

Date of Formation/Incorporation \_\_\_\_\_, 19\_\_\_\_ State of \_\_\_\_\_

List name / address / telephone No. of all officers, partners, owners or principals.

Title	Name	Home Address	City	State	Zip	Area	Home Phone
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**FACILITIES**

Showroom Address (if different from above)  
 address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Please describe your type of business/products/services:

Other products:  Carpeting  Machine Made Rugs  Furniture  Fabrics  Other \_\_\_\_\_

Landlord of business premises: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Branch Location Address \_\_\_\_\_

Landlord of Branch Location \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**APPLICATION FOR DESIGN FIRM ACCOUNT - PAGE 2 of 2**

**TRADE REFERENCES**

(Suppliers/Vendors)

Vendor Name _____	(____) ____ - ____ (____) ____ - ____ Vendor's Phone ----- Fax
Address _____	Acct # with Vendor ----- # Years
City/St/Zip _____	Contact at Vendor Company _____

---

Vendor Name _____	(____) ____ - ____ (____) ____ - ____ Vendor's Phone ----- Fax
Address _____	Acct # with Vendor ----- # Years
City/St/Zip _____	Contact at Vendor Company _____

---

Vendor Name _____	(____) ____ - ____ (____) ____ - ____ Vendor's Phone ----- Fax
Address _____	Acct # with Vendor ----- # Years
City/St/Zip _____	Contact at Vendor Company _____

---

**BANK REFERENCE**

Bank Name _____	(____) ____ - ____ (____) ____ - ____ Bank's Phone ----- Fax
Address _____	Acct # with Bank ----- # Years
City/St/Zip _____	Contact at Bank _____

---

**CERTIFICATION**

I, \_\_\_\_\_ (individual), certify that I am the \_\_\_\_\_ (title) of \_\_\_\_\_ (name of business entity) and that all of the information and representations contained herein are true and submitted for the purpose of obtaining credit.

Signature \_\_\_\_\_

Name Printed \_\_\_\_\_ Title \_\_\_\_\_ Date ( \_\_ / \_\_ / \_\_\_\_ )

Return original by mail to: DILMAGHANI - 540 Central Park Avenue - Scarsdale - NY - 10583