



Designer Program Application

DESIGNER NAME: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WEBSITE: _____ EMAIL ADDRESS: _____

COMPANY PHONE: _____ CELL: _____ FAX: _____

DRIVER'S LICENSE # _____ STATE ISSUED: _____

Please include the forms of documentation you are submitting:

1. _____ 2. _____

Check one: I intend to purchase for resale I intend to pay tax at point of sale

Tax resale number: _____ Please note: All business intending to purchase merchandise for resale must include a resale or sales tax certificate in addition to the completed application.

Company Tax ID number: _____

Please specify: New member Renewal Architect

I, understand, herby certify the information given above is correct and valid. I understand that:

- Neos and Co LLC, reserves the right to exclude items from the designer membership program discounts at our sole discretion without prior notice to members.
- Neos and Co LLC may revoke the privilege of the designer discount at any time.
- Misuse of the membership may result in membership termination. Misuse includes without limitation: use of the trade discount for personal purchases, reimbursement of trade discount upon merchandise return, transfer of membership, allowing others to use the membership card.

Designers Signature _____ Date: _____

Issued by _____ Date Issued: _____

Account Number: _____