

INDUSTRY ACCOUNT PACKET

Please complete the following information and submit via email or fax to:

e. newaccounts@theonicollection.com f. 707.258.6315

This form is created in Adobe Acrobat format. In order to use this form, you will need to DOWNLOAD and INSTALL Adobe Acrobat Reader. Click DOWNLOAD to get link.

Welcome to Theoni, we look forward to working with you!

In order to accurately process your orders, and give you the best service possible, we require all new industry clients to fill out this packet completely. This consists of three forms:

1) Industry Account Information 2) Industry Account Terms & Conditions 3) Resale Tax Certificate

At Theoni, we offer "account holder" status to licensed industry professionals only, though we do also rent to the general public. We keep your billing information on file, and give you the option of opening a line of credit with us, to make ordering easier.

We do reserve the right to review and determine your industry professional status according to the following guidelines. An industry professional is a licensed:

Caterer • Coordinator • Corporate Events Department • Destination Management Company Event Venue • Florist • Hotel • Restaurant • School

Other professionals may qualify upon review of this application. If you have any questions, please contact us at **707.258.6309**.

Thank you for requesting an industry account with us! We are honored to work with you and look forward to providing seamless, high-quality service.



INDUSTRY ACCOUNT INFORMATION

We require all new industry accounts to fill out the form completely.

BILL TO:	DELIVERY INSTRUCTIONS:
Company Name:	ORDER CONTACT:
(if operating under a dba include full company name)	Name:
Billing Contact:	Telephone: Cell Phone:
Billing Address:	Fax:
Dilling Address.	Email:
	Littali.
Telephone:	Name:
Fax:	Telephone:
Email:	Cell Phone:
Federal Tax ID:	Fax:
State Sales Tax #:	Email:
Years in Business:	
TYPE OF COMPANY:	PRIMARY SHIP TO ADDRESS:
☐ Caterer ☐ DMC ☐ Hotel	Company Name:
☐ Coordinator ☐ Event Venue ☐ Restaurant	(if operating under a dba include full company name)
☐ Corporate Events ☐ Florist ☐ School	
Other	Onsite Contact:
	Address:(cannot
REQUESTED PAYMENT TERMS (choose one):	(cannot ship to PO Boxes)
□ Net 30:	Telephone:
If Net 30 credit is selected, please complete attached	Fax:
credit application. The first order on new Net 30	Email:
accounts will be charged to your credit card. Credit	Special Instructions:
requests are subject to approval.	
☐ Pre-Pay by Credit Card:	
Please request a Credit Card Authorization form per	
order if you would like us to bill for client's credit card	
directly.	
Floatronia Signaturo	Date
Electronic Signature	
the conditions stated here without dispute. I certify the above information	

establishing our industry account.



INDUSTRY ACCOUNT PAYMENT TERMS and CONDITIONS

For Net 30 terms, we will contact other companies in the special events industry with whom you currently have an established line of credit. If you would like us to charge your credit card per order, you do not need to provide industry references.

NET 30 ACCOUNTS:	Contact/Phone:			
	Company Name:			
	Contact/Phone:			
credit card authorization, whi	ch will be held with yo	our Customer Accou	plications to be accompanied by a "For File" unt. This "For File" credit card will be charged and damaged items, and seriously delinquent	
CC Number:			Expiration Date:	
· · · · · · · · · · · · · · · · · · ·	isa code is 3 digits, locate	ed on the back, in the car		_
City:		State:	Zip Code:	
Your signature below indicates y within 30 days of the order delivith our company and/or a late of due in full 48 hours prior to delivyour "For File" credit card will be	our agreement to Theo very date, and failure to charge of 10% of the pa very or shipment. (3) sl e charged or your order r verbal account inform	oni's payment terms: (1 o submit payments acc ast due balance; (2) fo hould Theoni not rece r will be canceled. Your	verify that the information provided is accurate. (1) for Net 30 accounts, invoices are due in full cordingly may result in a suspension of your credit or Pre-Pay by Credit Card accounts, invoices are eive payment according to your agreed upon term ir signature also authorizes Theoni to release credit or service, and to suspend	ıs,
Electronic Signature			Date	
By typing my signature here, I certi			payment terms and be billed for services according to curate and authorize Theoni to use this information in	



RESALE TAX CERTIFICATION

Please indicate whether or not you hold a valid sales tax permit number. If you do, and request that we not charge you sales tax, we are required to have your permit number on file.

THIS FORM MUST BE COMPLETED IN FULL TO OPEN AN INDUSTRY ACCOUNT.

☐ I hearby certify that I hold a valid sales	tax permit number:	
under this resale certificate in the form of and I will do so prior to making any use of t	tangible personal property in the item(s) other than demons business. I understand that if I	the item(s) listed below, which I am renting he regular course of my business operations, tration and display while holding the item(s) use the item(s) rented or purchased under ax on each item's price or as otherwise
Description of item(s) to be rented or pure accessories, etc.	chased: votives, lanterns, cand	lelabras, napkin rings, candles, table
☐ I hold no certificate of resale number a	nd should be charged all applica	able taxes.
Company Name:		Contact:
Address:		
City:	State:	Zip Code:
Phone:	Email:	
0		Date
By typing my signature here, I certify that I have the conditions stated here without dispute. I certify		

establishing our industry account.