



## Online Password Request Form

**Please fill out and fax this form along with a copy of your resale certificate to**

**(214) 329-4203**

**YOU WILL BE NOTIFIED WITHIN 24-48 HOURS VIA EMAIL  
WHEN YOUR LOGIN HAS BEEN CREATED.**

New Customer

Existing Customer

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Website: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (this will be your username): \_\_\_\_\_

Preferred Password: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

TAX ID/RESALE/SELLER'S PERMIT NUMBER: \_\_\_\_\_

Please check all that apply:

brick and mortar store

interior designer

online showroom

other \_\_\_\_\_