



Office Use Only		
Account Number:		
Multiplier:	Date:	
Independent Rep:	Approved: <input type="checkbox"/> YES	<input type="checkbox"/> NO

PROCRAFT CABINERY FLORIDA T: [904] 868 3678 | F: [754] 212 2270
 4030 Philips Hwy | Jacksonville | FL | 32207

www.procraftflorida.com | sales@procraftjacksonville.com | @procraftflorida | Youtube Channel:@procraftflorida

BUSINESS ACCOUNT INFORMATION

Company name:		Tax ID:
Company Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Contact Person:		Website:
Import Lines Carried:		
Domestic Lines Carried:		
Do You Have A Showroom? <input type="checkbox"/> YES <input type="checkbox"/> NO	SQF:	Average Kitchen[s] per Year:

OWNER ACCOUNT INFORMATION

Owner name:		Owner Address:
Approx. Annual Cabinet Sales, US\$:		
Year business started:	Cell phone:	Email:

TRADE REFERENCE

1. Company name:		City:
Contact person:	Phone:	Email:
2. Company name:		City:
Contact person:	Phone:	Email:
3. Company name:		City:
Contact person:	Phone:	Email:

REFERRAL INFORMATION

How did you hear about us?	<input type="checkbox"/> Website	<input type="checkbox"/> Social media	<input type="checkbox"/> Event Show	<input type="checkbox"/> Other:
Do you remember which team member took care of you?				

AGREEMENT

The undersigned here in fully authorize **ProcraftCabinetryFlorida,LLC** to inquire and verify any data/information pertaining to the trade references listed above upon signing and submitting this application. Business license/ registration/ certificate to be provided upon request.

Signature 1

 Name: _____ Title: _____
 Date: _____

Signature 2

 Name: _____ Title: _____
 Date: _____