



ACCOUNT REGISTRATION

PHYSICAL COMPANY ADDRESS:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TYPE OF BUSINESS: _____

SHIPPING ADDRESS IF DIFFERENT THAN ABOVE: (Commercial dock required)

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ FAX: _____

MAIN CONTACT INFO:

PRIMARY CONTACT: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

(This email contact will be responsible for forwarding all product and marketing updates and information throughout their company)

ADDITIONAL CONTACT INFO:

(We encourage all of your designers to provide their emails in order to be aware of current promotions and important updates. Send additional emails to: carol@riverruncabinetry.com)

CONTACT: _____ EMAIL: _____

CONTACT: _____ EMAIL: _____

CONTACT: _____ EMAIL: _____

CONTACT: _____ EMAIL: _____

CONTACT: _____ EMAIL: _____

RIVERRUN SALES REP: _____ **DATE:** _____