

CHRISTOPHER GUY

Updated as of 01/20/2020

Trade New Account Details

Date:		
Sales Ambassador:		
Type of Business (please s	elect one):	
Designer:	Trade Showroom:	Dealer:
Distributor:	Contract/Architect:	Hospitality:
Company Name:		
Business Address:		
City:	_ State:	Zip:
Sales Tax Number:	(If ap	oplicable, please attach a resale certificate)
Website:		
Owners Full Name:		
Email:		_
Phone Number:		
Cell Number:		
Fax Number:		
	s and Privacy Policy, the informat	
ChristopherGuy.com respects you about exclusive trade events and		Trade Showroom: Dealer: Contract/Architect: Hospitality: State: Zip: (If applicable, please attach a resale certificate) cy of Christopherguy.com. By submitting your Trade Account Details you confirm that you rivacy Policy, the information you are providing is accurate to the best of your ability and bassador. cy. As a trade member of Christopherguy.com, you may receive communication from us ons. f appropriate credentials and completed application. Non-designer related businesses and am. We reserve the right to make all trade membership determinations at our sole to obtain any information it considers necessary from any source concerning the
professions may not qualify for the	e program. We reserve the right to	make all trade membership determinations at our sole
Please read our Terms and Condi	itions. If you have any questions, p	please email clientservices.us@christopherguy.com
Client Signature:		Date: