



FALLS RIVER TOWN CENTER | 10940 Raven Ridge Road, Suite 122, Raleigh NC 27614
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CUSTOMER SETUP APPLICATION

DATE: _____

COMPANY NAME _____

PHONE _____ FAX: _____
BILLING _____
ADDRESS _____

(STREET) (CITY) (STATE) (ZIP)

CONTACT PERSON _____ PHONE _____

CONTACT EMAIL _____

TYPE OF BUSINESS Corporation ___ Partnership ___ Proprietorship ___ Other (specify) _____

TYPES OF MERCHANDISE SOLD _____

YEARS IN BUSINESS _____ RESALE NUMBER _____ STATE ISSUED _____

Customer Agreement

Applicant authorizes ORiEnTspiration to verify information as listed above.
I understand and agree that ORiEnTspiration terms of sale are for wholesale accounts only. ORiEnTspiration reserves the right to determine approval based on information provided above.

SIGNED _____ DATE _____

PRINT NAME _____ TITLE _____