



5720 Capital Boulevard, Suite P, Raleigh NC 27616

Phone: 919.846.0910 Fax: 703.891.9577 | sales@orientspiration.com | www.orientspiration.com

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) _____

MERCHANDISE SOLD _____

WEBSITE _____

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 _____