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## REGISTRATION FORM

Please complete this form and return with the information requested which will help establish your account immediately upon receipt. Thank you.

\* Company Name:

\* Contact:  Title:

\* Address Street:

\* City:  St.:  \* Zip Code:

\* Tel.:  Fax:  Other Tel.:

Website:  \* E-mail:

How did you hear about us:

Please indicate approx. business volume per year \$:  \* Federal Tax ID:

Please attach the following documents:

- \* 1) Copy of resale license (California Only)    2) Copy of business card

### Payment Reference

1) COD (Check on Delivery): YES  NO     2) Pro Forma (advance against invoices): YES  NO

3) Credit Card: YES  NO     Credit Card #:

Visa     Master Card     Discover     American Express     Exp. Date     CVC     Billing Zip Code

I authorize Xentric Drapery Hardware, Inc. to charge my credit card with amount invoiced on orders placed with company.

\* Required

Date

Authorized Signature