



1763 APEX ROAD
SARASOTA, FL 34240
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COMPANY INFORMATION SHEET **PLEASE PRINT LEGIBLY**

NAME: TRADE NAME - CORPORATE NAME - INDIVIDUAL NAME - PARTNERSHIP NAME - DBA - CIRCLE ONE

BILLING ADDRESS: CITY: STATE: ZIP:

COUNTY: PHONE: FAX:

SHIPPING ADDRESS: CITY: STATE: ZIP:

COUNTY: PHONE: FAX:

IMPORTANT! PLEASE CHECK APPROPRIATE BOXES

IS SHIPPING ADDRESS: COMMERCIAL RESIDENTIAL FORKLIFT ON SITE? Y/N

EMAIL ADDRESS:

EMERGENCY CONTACT PHONE FOR SHIPPING PURPOSES:

IF INCORPORATED, CORPORATE NAME:

FEDERAL ID #

OFFICER NAME TITLE HOME ADDRESS HOME PHONE

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IF SOLE PROPRIETOR, OWNERS NAME:

TYPE OF BUSINESS: NO. OF YRS IN BUSINESS:

DRIVERS LICENSE #: MUST SEND COPY WITH FORM

CONTRACTORS LICENSE #: MUST SEND COPY WITH FORM

ARE YOU TAX EXEMPT? YES NO

IF YOU ARE TAX EXEMPT, WE MUST HAVE TAX EXEMPT CERTIFICATE ON FILE.

***WE MUST HAVE A COPY OF A VALID DRIVERS LICENSE ON FILE.
***WE MUST HAVE A COPY OF A VALID CONTRACTOR'S/ OCCUPATIONAL LICENSE IN ORDER TO SELL MATERIALS AT CONTRACTOR PRICING.
***PLEASE NOTE- THIS IS NOT A CREDIT APPLICATION**