



NEW ACCOUNT CREATION
complete form and return by fax or aaronw@jasperchair.com

DOCUMENTS
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ISSUE 2017

General

Today's date >
Name submitted by >

Company

Business name >
Phone >
Address >

Website >
Showroom (yes | no) and location >

Please list your primary markets served (library, restaurant, corporate, dorm/housing, k-12, higher education, senior living, others) >

Contacts

Principal name(s) >
Principal email >

Sales rep/manager name(s) >
Sales rep/manager email >

Office manager name >
Office manager email >

Accounting/billing name >
Accounting/billing email >

Others, please list name, title and emails >

jasper chair

AMERICAN. ALWAYS.

534 E 8TH STREET
PO BOX 311
JASPER, INDIANA 47547
OFFICE 812.482.5239
FAX 812.482.1066

JASPERCHAIR.COM



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Literature

Request quantity >

Mail to address, if different from above >

Other

What prompted interest in Jasper Chair >

If referred, list name / company >

Ordering + Shipping

Main contact name >

Main contact email >

Special shipping instructions >

Credit References

A minimum of three credit references are need and will be contacted via fax.

Reference 01 company name >

Address >

Point of contact name >

Account number >

Fax >

Reference 02 company name >

Address >

Point of contact name >

Account number >

Fax >

Reference 03 company name >

Address >

Point of contact name >

Account number >

Fax >

Accounting

Jasper Chair does not report or collect state sales tax.

Are you tax exempt (yes or no) >

If yes, please submit your tax exemption form. If no, please sign below to acknowledge your acceptance and understanding as standard operating procedures of your company.

signed in agreement

date

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