



Office Use Only	
CU#: _____	AD: _____
CC#: _____	CL: _____
SP#: _____	BY: _____
P:     Y     N	

**SLS Arts has been providing Brand Name  
Arts & Crafts Products to “brick & mortar” retailers since 1975.**

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Authorized Buyer(s): \_\_\_\_\_

What type of business do you have?

- An existing retail store
- Art Department
- College Bookstore
- Online Company
- A Manufacturer
- New Store
- Other (please explain) \_\_\_\_\_

How much retail space do you have? \_\_\_\_\_

Years in Business: \_\_\_\_\_

How many employees do you have? \_\_\_\_\_

Estimated Annual SLS Arts Purchases: \_\_\_\_\_



**TRADE REFERENCES (if applying for credit terms):**

1. \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ FAX#: \_\_\_\_\_

2. \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ FAX#: \_\_\_\_\_

3. \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ FAX#: \_\_\_\_\_

FEDERAL I.D. NUMBER or SOCIAL SECURITY NUMBER: \_\_\_\_\_

STATE REGISTRATION CERTIFICATE NUMBER: \_\_\_\_\_ (ATTACH COPY)

CITY, COUNTRY OR PARISH CERTIFICATE NUMBER: \_\_\_\_\_ (ATTACH COPY)

**The State of Louisiana Department of Revenue requires SLS Arts to have a copy of your resale certificate on file.**

This certifies that all goods, materials, merchandise and services purchased from **SLS Arts, Inc.** are to be used for resale or further processing per Act 9 of Louisiana Regular Session of 1948 and as amended. All the above information is true.

I personally guarantee to pay for all purchases and agree to pay all legal or collection fees and any late or service charges at the rate 18% per annum which may be deemed necessary for the collection of past due balances on purchases applied to my account.

\_\_\_\_\_  
Owner/Principal (Print)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Owner/Principal (Signature)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Driver's License No.