



Phone: 330-562-0023
Fax: 928-447-1087
Email: sales@prodesignllc.net

ePIC #:
(Office use only)

Please return this application and a copy of your resale certificate to sales@prodesignllc.net.

Section 1: Account Information

Date: Primary Contact: Business Name:
Billing Address: City: State: Zip:
Shipping Address: City: State: Zip:
Phone Number: Resale Certificate Number:
PLEASE PROVIDE COPY OF CERTIFICATE WITH THIS APPLICATION

Section 2: Contact Information

Account Activation
Name: Phone Number: Email:
Order Submittal Advance Ship Notification Invoices/Financial
Email: Email: Email:

Section 3: Sample Books

Please select any sample books you would like to order.

Walden Premier Collection (\$110)
Walden Select Collection (\$110)

Section 4: Pro Design LLC Contact Information

Office Contact
General Information: sales@prodesignllc.net
Orders: orders@prodesignllc.net
Office Phone: 330-562-0023
Emma Reilly Mobile: 330-998-0915
(Product specialist and account representative)

Find us online!
prodesignllc.net



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Section 5: Method of Payment (please choose one)

Auto-Pay - *please complete and sign payment form below.*

- ACH or Credit Card
- Please complete Section 6 below

Portal Pay

- Manage your own payments

Section 6: Auto-Pay Authorization

*Please complete this section only if you selected Auto-Pay as your preferred method of payment. **Provide either ACH OR credit card information.***

Option 1: ACH Information

Complete this section if ACH is your preferred method of payment. Do not complete this section if you prefer to pay by credit card.

Bank Name:

Routing Number:

Account Number:

Option 2: Credit Card Information

Complete this section if credit card is your preferred method of payment. Do not complete this section if you prefer to pay by ACH.

Date:

Name on Card:

Billing Address:

City:

State:

Zip:

Card Number:

Security Code:

Expiration Date:

By signing below, I am acknowledging that I am the account/credit card holder of the above mentioned account/card. I authorize Pro Design, LLC the right to process payment of invoices unless I notify of any change. I understand that there will be no refunds and that all sales are final.

Signed:

Date ACH/CC details provided:



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Section 7: Trade References

Trade Reference #1:

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone Number: _____ Account Number: _____

Trade Reference #2:

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone Number: _____ Account Number: _____

I expressly authorize all references on this application to release information concerning my credit history.

Print Name: _____ Signed: _____ Date: _____

I consent to and authorize Pro Design LLC to obtain credit and financial information from any source at any time, which may include a report from a credit-reporting agency.

Print Name: _____ Signed: _____ Date: _____