



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

Email:

Advance Ship Notification

Email:

Invoices/Financial

Email:

Section 3: Sample Books

Please select any sample books you would like to order.

- ☐ Walden Premier Collection (\$110)
- ☐ Walden Select Collection (\$110)
- ☐ The Portfolio Collection™ Natural Roller Shades (\$110)
- ☐ The Portfolio Collection™ Dual Sheer Shades (\$150)

Section 4: Pro Design LLC Contact Information

Office Contact

General Information: sales@prodesignllc.net
Orders: orders@prodesignllc.net
Office Phone: 330-562-0023

Find us online!

prodesignllc.net

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:

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: