



12950 NW 25th Street, Suite 300  
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 Federal Tax ID 22-1615895

**NEW CUSTOMER APPLICATION FORM**

**The information below is required to establish a new customer account with Jademar Lighting.**

Company Name: \_\_\_\_\_  Partnership  Corporation  LLC

Principal(s)/Officer(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

**If the billing information is different from the above, please fill out the section below:**

Billing Address: \_\_\_\_\_

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

**Department Contacts:**

Sales Manager: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Marketing Manager: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Customer Service Rep: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Accounts Payable: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Would you like your invoices by e-mail?**  YES  NO **Type of Business:**  Distributor  Other \_\_\_\_\_

**Are you a tax-exempt company?**  YES  NO *If yes, please provide a copy of your resale certificate with the application.*

**PLEASE PROVIDE A COPY OF YOUR W9 WITH THIS APPLICATION.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Authorization Signature**

\_\_\_\_\_  
**Date**