



New Account Application

Hospital/Clinic Name			
Doctor/Proprieter Name		Sales Tax ID#	
(Billing)Address		City	State Zip
Contact Person	E-mail	Website	
Phone Number	Fax	Other	

How did you hear about Design Veronique?

Shipping Address (same as above)

Address Line 1			
Address Line 2		City	State Zip

PREFERRED METHOD OF PAYMENT

Bill Credit Card (Your CC will be charged after every order.) We accept; Visa, MasterCard, Discover, and AmericanExpress.

Card Type	Card Number	Expiration Date
Name on Card		Card Holder's Authorizes Signature

Net 30 (You will be billed after each order is shipped and payment is due within 30 days of invoice date.)

*Monthly statements are mailed at the beginning of each month to all customers.

Name	Title
Signature	Date

Thank you for choosing to set up a New Account Application with Design Veronique. After completing you may fax this form back to (510)970-7996, or snap a clear picture of this form with your camera/smart-phone and email the image to either cs@designveronique.com or online at <https://www.designveronique.com/wholesale/apply> (linked in the QR-Code below).