

NEW ACCOUNT INFORMATION SHEET

Company Name:	DBA:				
Billing Address:					
City:		State:		Zip:	
Phone:	Fax:		E-m	ail:	
Resale #:	(Please	include a copy	of your	resale certificate)	
FEDERAL TAX ID #:					
Owners Name (s):					
Address:					
City:		State:		Zip:	
PRIMARY CONTACT (If other than owner):			
Name:		Phone:			
A/P Contact:		1	Phone:_		
PAYMENT POLICY: A Patagonia Home accepts a \$50.00 service fee).					
Date:					
Name Printed:					
Signature:					

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