



New Customer Form

1783 Union Street San Francisco, CA 94123

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E: info@crowcanyonhome.com

Contact Information

Company Name:
Type of Business (check only one)
Retail: <input type="checkbox"/> Brick & Mortar <input type="checkbox"/> Online
Hospitality: <input type="checkbox"/> Restaurant/Hotel <input type="checkbox"/> Designer <input type="checkbox"/> Event Rental
Distributor: <input type="checkbox"/> Hospitality <input type="checkbox"/> Retail
Resale License #:
Buyer's Name:
Phone:
Fax:
Email:
Company Website:

Shipping Information

Ship to: (company name)	
Street Address (NO PO BOXES)	
Suite/Unit/Building #:	
City	State
Country	Zip Code
This address is:	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Residential
For freight shipments, this address:	<input type="checkbox"/> has a dock
	<input type="checkbox"/> has a forklift
	<input type="checkbox"/> needs a lift gate
Please bill my shipping account #:	
Special Instructions:	

Billing Information

Bill to: (company name)		
Street Address/PO BOX		
Suite/Unit/Building #:		
City	State	Zip Code
Country		
Billing Email:		

How did you hear about us?

Social Media:	<input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Pinterest <input type="checkbox"/> Tumblr
Tradeshows:	<input type="checkbox"/> LV Market <input type="checkbox"/> IHA <input type="checkbox"/> NRA <input type="checkbox"/> ARA
Magazine:	please specify:
Rep Group:	please specify:
Customer:	please specify:
Other:	please specify:

Fax or Email this completed form, along with a copy of your resale or business license to:

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**** To avoid any delays in your account set up, please be sure you have completed all sections****