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# Roma Costume Inc.

## *New Account Application*

### *Bill To Information*

Business Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address (for Invoices): \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Business License: \_\_\_\_\_ Resale # \_\_\_\_\_  
(Copy Must Be Attached) (Copy Must Be Attached)



### *Ship To Information*

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address (for Package Tracking Information): \_\_\_\_\_

Please fax or email this form to the information given above.

