



## Client/Member Account Information

Please email this completed form to  
Accounts@chameleonprintsit.com

Date Submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_

### Company Information

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

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

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

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(Do not include any billing information including credit cards and banking information on this form )

Referred by:

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

Authorized Purchasing Personnel

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

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

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

### Default Shipping Information

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

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

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

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Alternate shipping information, when applicable, should be provided with individual orders.

I am authorized to establish a Client/Member Account on behalf of the company listed in the Company Information section listed above. My digital signature below is authorization.

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