

NEW CUSTOMER APPLICATION

Curtain Calls, Inc.
8998 Route 18 North, Suite 218
Old Bridge, New Jersey 08857
tel: (732)234-3467
fax: (732)234-3521



Company Name _____ **Type of Business** _____ **Phone Number** _____ **Fax Number** _____

Billing Address _____ **Shipping Address** _____

City _____ **State** _____ **Zip** _____ **City** _____ **State** _____ **Zip** _____

Type of Ownership: Corporation Partnership Sole proprietor **Years in business:** _____
 Government Non-Profit **Tax Exempt? Yes No**
(If yes, please include resale form with application)

Parent company name (If different than above): _____ **Tax Resale Number** _____

Address _____ **Phone Number** _____ **Fax Number** _____

City _____ **State** _____ **Zip** _____

Have you worked with a workroom before? ___ Yes ___ No If Yes, workroom name: _____

Please estimate the number of projects that you expect to work on each month _____

Do you have someone to install your projects ___ Yes ___ No

Will you provide your own measurements ___ Yes ___ No

Do you anticipate purchasing any of your fabric from our workroom ___ Yes ___ No

Will you be picking up your completed projects from our workroom ___ Yes ___ No

Will you be needing design assistance from our workroom staff ___ Yes ___ No

What do you consider an acceptable turn-around-time for your projects? _____

If you worked with a workroom in the past, and were not satisfied, please tell us why.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____