

# Leslie Hand Painted Glass

## Wholesale Customer Application Form

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

Name of Owner(s): \_\_\_\_\_

Name of Buyers(s): \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

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

Business License Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Briefly describe your business: \_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

Please email, mail, or fax completed form to:

Leslie Hand Painted Glass

P.O. Box 14333

Portland, OR 97293

Fax: 503-236-0814

Email: [info@lesliepaintedglass.com](mailto:info@lesliepaintedglass.com)