

To email this completed form
back to Dixie: Click the "N" Button
in the upper left corner and and
click "Send" and then click "Email"
Send To:
cburris@dixietextilesupply.com

Dixie Textile & Supply Co., Inc.
4555 Dardanelle Drive - Orlando, FL 32808
800-289-7899 - (407) 578-0000 - Fax 407-578-0003

CUSTOMER INFORMATION FORM

Account Number: _____

THIS IS A FILL IN FORM
Mouse Click on desired area.
Ok to Tab after Mouse Click

FIRMS ACCOUNT INFORMATION

Firm's Account Name: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Is this address: ___ Business or ___ Residential

"PRIMARY BUYING PERSON INFORMATION"

Name: _____ Position ___ Owner, ___ Designer, ___ Employee
Phone: _____ Fax: _____ Mobile/Other: _____
E-mail: _____

If there are other buyers please list them on the bottom of this form or on the reverse side.
Only buyers listed will be able to purchase on this account.

SHIP TO ADDRESS INFORMATION (other than billing address)

Name: _____
Address: _____ Suite: _____
City: _____ State: _____ Zip Code: _____
Is this address: ___ Business or ___ Residential

Do you pay Sales Tax: ___ Yes ___ No If NO, please provide a **signed** copy of your Current Form DR-13

Occupational License Number: _____ (Copy of License Required)

PAYMENT INFORMATION (Accounts Requesting NET 30 Day Terms must fill out a Credit Reference Form)

___ COD, ___ Net 30 Days, CREDIT CARD: ___ Visa ___ MasterCard ___ American Express

Name on Card: _____ Card Number _____

Security Code (on the back of card) _____ Expiration Date: _____ Billing Zip: _____

I _____ authorize Dixie Textile & Supply to submit credit card charges
for purchases using the above credit card until further notice. Date _____

ADDITIONAL BUYERS INFORMATION

Name: _____ Position ___ Owner, ___ Designer, ___ Employee
Phone: _____ Fax: _____ Mobile/Other: _____
E-mail: _____

ADDITIONAL BUYERS INFORMATION

Name: _____ Position ___ Owner, ___ Designer, ___ Employee
Phone: _____ Fax: _____ Mobile/Other: _____
E-mail: _____

ADDITIONAL BUYERS INFORMATION

Name: _____ Position ___ Owner, ___ Designer, ___ Employee
Phone: _____ Fax: _____ Mobile/Other: _____
E-mail: _____

ADDITIONAL BUYERS INFORMATION

Name: _____ Position ___ Owner, ___ Designer, ___ Employee
Phone: _____ Fax: _____ Mobile/Other: _____
E-mail: _____

ADDITIONAL BUYERS INFORMATION

Name: _____ Position ___ Owner, ___ Designer, ___ Employee
Phone: _____ Fax: _____ Mobile/Other: _____
E-mail: _____

Your Source for all your Drapery Hardware needs.