

## Shinoda Online Customer Registration Form

ATTN: Web

Please Fill in ALL Required Fields or Registration Will NOT Be Processed

**Firm Name** (REQUIRED) \_\_\_\_\_

**I hereby certify**, That I hold valid seller's permit number (REQUIRED) \_\_\_\_\_

Issued pursuant to the Sales and Use Tax Law: that I am engaged in the business of selling

Type of Business (REQUIRED) \_\_\_\_\_

that the tangible personal property described herein which I shall purchase from Shinoda Design Center will be resold in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax measured by the purchase price of such property.

Description of property to be purchased

(REQUIRED) \_\_\_\_\_ Use of Purchase (REQUIRED):

\_\_\_\_ Resale \_\_\_\_ Display(Taxable)

**Business Categories: Please Check One:**(REQUIRED)

\_\_\_\_ 1. Florist Shop \_\_\_\_ 2. Floral Designer \_\_\_\_ 3. Interior Design Studio \_\_\_\_ 4. Interior Designer \_\_\_\_ 5. Display

\_\_\_\_ 6. Gift Store \_\_\_\_ 7. Manufacturer/Assembler \_\_\_\_ 8. Restaurants/Caterer \_\_\_\_ 9. Other \_\_\_\_\_

Do you want to receive mailers?(REQUIRED) \_\_\_\_ Yes \_\_\_\_ No

Do the mailers need to be to the attention of anyone? \_\_\_\_ Yes \_\_\_\_ No

To the attention of? \_\_\_\_\_ (Name or Department)

Additional Buyers \_\_\_\_\_

Additional Authorized Email Address (Besides the Primary Account Holder's). Please include the person's name and email such as

John  
Smith(jsmith@gmail.com) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCOUNT HOLDER'S INFORMATION (ALL ITEMS MUST BE FILLED IN OR REGISTRATION WILL NOT BE PROCESSED)**

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax (Optional) \_\_\_\_\_

Primary Account Holder's Email addresses: \_\_\_\_\_

Drivers License# \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**Fax this form with a copy of your resale license to: (858)536-8366**

**Or you can e-mail this form and a copy of your resale license to: webmaster@shinodasales.com**

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