

NEW ACCOUNTS ONLYPLEASE FILL IN ALL AREAS THAT APPLY

Fax Back to 626-336-1401

| COMPANY NAME | |
|--|---|
| COMI ANT NAME | |
| ADDRESS | |
| CITY | STATEZIP |
| TELEPHONE # | FAX # |
| E-MAIL ADDRESS | |
| THE ADDRESS ABOVE IS IT RESIDI | ENTIAL? |
| IF NO, FAX OVER RESALE CAP | Driver Lic # |
| DESCRIPTION / TYPE OF CUST Example: Glass shop, Interior Designer, Furnitur | OMERe Designer, Furniture MFG, etc. |
| Annual sales expected wit PRL | |
| Current glass / metal suppliers | |
| Products of interest | ts, Entrance Doors, Glass Handrails, Architectural Metals, I.G. Units, Custom Glass |
| | Please visit our website PRLGLASS.COM |
| low did you learn about PRL Magazine Ad | _ Mailer Web Trade / Partners Other |
| | . FOR ACCOUNTING DEPARTMENT ONLY |
| DATE INPUTED | ACCOUNT # |
| INPUTTED BY | PF RACK# |
| INI OTTES BY | |

delivered to the caller satisfaction.

*REPORT_____APPROVED BY:_____