

Customer Account Information			
CUSTOMER INFORMATION		Date: 7/31/2025	
Business Name:		<input type="checkbox"/> New <input type="checkbox"/> Existing	
Parent Company:		Years in Business (Should be 5 Years for terms)	
Bill to Address:			
City:	State:	Zip Code:	
Phone #:		Fax:	
Ship to Address: (If multiple ship to locations, please include list)			
City:	State:	Zip Code:	
Phone #:		Fax:	
Accounts Payable Contact:		Email:	
Buyer:	Phone #	Email:	
Website Address:			
Merchandise Type:		<input type="checkbox"/> Furniture <input type="checkbox"/> Lighting <input type="checkbox"/> Furniture & Lighting	
Business Type: <input type="checkbox"/> Store <input type="checkbox"/> Website Only <input type="checkbox"/> Store & Website <input type="checkbox"/> Contract <input type="checkbox"/> Catalog <input type="checkbox"/> Other			
PAYMENT INFORMATION			
Method of Payment: <input type="checkbox"/> Bank Wire Payment <input type="checkbox"/> Bank ACH Payment <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (3% Charge)			
TERMS: <input type="checkbox"/> Terms <input type="checkbox"/> Credit Card (3% Charge)			
Do you prefer your invoices: <input type="checkbox"/> Emailed		<input type="checkbox"/> Fax #:	<input type="checkbox"/> Portal:
Email address:			
Federal ID #: *		D & B #: *	
PRODUCT & ORDERING INFORMATION			
Do you want a weekly inventory and product update sent via email?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide email address for the updates:			
Please provide email address for Catalogs/Pricing:			
Orders will be placed by: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> EDI Customer Portal <input type="checkbox"/> EDI Standard			
*For Adesso EDI inquiries please Email: EDI.Support@adessohome.com			



353 West 39th St. – 2nd Floor, New York, NY 10018
Tel (212)736-4440 Fax (212)736-4806

www.adessohome.com

Please return this form to: **LIA BARBERY**

lbarbery@adessohome.com

SHIPPING INFORMATION	
Drop Ship Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drop ship customer contact name and email address:	
For LTL shipments- please advise the following:	
Is a delivery appt needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a lift gate truck is needed <input type="checkbox"/> Yes <input type="checkbox"/> No (Subject to extra Charge)	
Delivery hours:	
Do you accept back orders: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How to ship: <input type="checkbox"/> UPS <input type="checkbox"/> Fedex <input type="checkbox"/> Routing <input type="checkbox"/> Best	
Carrier Account Number:	
RETURNS AND EXCHANGES:	
* Adesso does not accept returns	
*For replacement parts/shades, product inquiries and product issues please contact: customerservice@adessohome.com	
PLEASE ATTACH THE FOLLOWING:	
<input type="checkbox"/> Credit application (If applying for credit)	
<input type="checkbox"/> Resale Certificate/ Sales Tax Exemption Certificate	
<input type="checkbox"/> Routing guide if available	
<input type="checkbox"/> Vendor agreement if available	