



10001

353 West 39<sup>th</sup> St. – 2<sup>nd</sup> Floor, New York, NY

Tel (212)736-4440 Fax (212)736-4806

[www.adessohome.com](http://www.adessohome.com)

Please return this form to: **LIA**

**BARBERY** [lbarbery@adessohome.com](mailto:lbarbery@adessohome.com)

Customer Account Information			
<b>CUSTOMER INFORMATION</b>		<b>Date: 1/15/2021</b>	
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"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Wire <input type="checkbox"/> Terms			
If paying by credit card, please supply card information:			
<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Credit Card Number		Expiration	Three/Four Digit Code on Back of Card
Credit Card Holder's Name:			
Card Holder Billing Address:			
Do you prefer your invoices: <input type="checkbox"/> Emailed, if yes, email address: <input type="checkbox"/> Fax #: <input type="checkbox"/> Portal:			
Federal ID #: *		D & B #: *	
PRODUCT & ORDERING INFORMATION			



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BARBERY [ibarbery@adessohome.com](mailto:ibarbery@adessohome.com)

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:
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: <a href="mailto:EDI_Support@adessohome.com">EDI_Support@adessohome.com</a>
<b>SHIPPING INFORMATION</b>
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 <input type="checkbox"/> No Is a lift gate truck is needed <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Subject to extra Charge)</b>
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:
<b>RETURNS AND EXCHANGES:</b>
<b>* Adesso does not accept returns</b> *For replacement parts/shades, product inquiries and product issues please contact: <a href="mailto:customerservice@adessohome.com">customerservice@adessohome.com</a>
<b>PLEASE ATTACH THE FOLLOWING:</b>
<input type="checkbox"/> Credit application (If applying for credit)
<input type="checkbox"/> Routing guide if available
<input type="checkbox"/> Vendor agreement if available