



RJ THOMAS
fine furniture & accents

REGISTRATION FORM

BUSINESS NAME: _____

BUSINESS CONTACT: _____

ADDITIONAL ASSOCIATES: _____

BUSINESS ADDRESS:

STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PRIMARY PHONE: _____ **CELL? YES NO (circle one)**

SECONDARY PHONE: _____ **CELL? YES NO (circle one)**

FAX: _____

EMAIL: _____

WEB ADDRESS: _____

RESALE LIC# _____ **EXP DATE:** _____

*******CURRENT ANNUAL RESALE CERTIFICATE COPY MUST ACCOMPANY THIS FORM*******

FED ID# _____

OTHER PREFERENCES/NOTES: _____

REGISTERED BY: _____