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Customer Acct #:

Sales Representative:

## KAHUNA CHAIR USA New Account Data Form

The following information is required of all customers seeking a new KAHUNA CHAIR USA account

### BUSINESS BILLING AND SHIPPING INFORMATION

Company Name:

DBA:

Email:

Phone:

Fax:

Cell:

Registered Company Address:

City:

State:

Zip Code:

Ship To Address:

City:

State:

Zip Code:

### BUSINESS CONTACT AND STORE INFORMATION

Owner Name:

Owner DL#:

Store Hours:

Delivery Hours:

Days of Week:

Days of Week:

Web Site:

Date Business Started:

### TAX INFORMATION

State Tax Resale#:

Federal Tax ID#:

(Include copy of State Resale and Federal ID if possible)

### PARTNERS OR CORPORATE OFFICERS

Name:

Name:

Title:

Title:

Phone:

Phone:

Alternative Contacts:

Alternative Contacts:

### BUSINESS / TRADE REFERENCE

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Type of Account:

Account #:

### BANK REFERENCES

Bank Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Website:

Account #:

Contact:

### SIGNATURES (PRINT & SIGN BELOW)

Name:

Signature:

Title:

Date:

### FOR KAHUNA CHAIR USA USE ONLY

Approved By:

Terms:

Account Set Up Date: