



INSPIRED
SHADES™

Account Application

Phone: 330-562-0023
Fax: 928-447-1087
Email: inspired@prodesignllc.net
ePIC #:

(Office use only)

*Please return this application **and a copy of your resale certificate** to inspired@prodesignllc.net. If you own multiple franchises, please complete separate applications for each franchise for which you would like an account.*

Section 1: Account Information

Date:	Primary Contact:	Franchise Number:	Budget Blinds of:	
_____	_____	_____	_____	
Billing Address:	City:	State:	Zip:	
_____	_____	_____	_____	
Shipping Address:	City:	State:	Zip:	
_____	_____	_____	_____	
Phone Number:	Resale Certificate Number:			
_____	PLEASE PROVIDE COPY OF CERTIFICATE WITH THIS APPLICATION			

Section 2: Contact Information

Account Activation

Name:	Phone Number:	Email:
_____	_____	_____
<i>Order Submittal</i>	<i>Advance Ship Notification</i>	<i>Invoices/Financial</i>
Email:	Email:	Email:
_____	_____	_____

Section 3: Sample Books

Please select any sample books you would like to order.

- _____ Inspired Shades Roller Shades (\$160 USD; \$205 CAD)
- _____ Inspired Shades Roller-Roman Shades (\$50 USD; \$65 CAD)
- _____ Inspired Shades Woven Wood Shades (\$110 USD; \$140 CAD)
- _____ Inspired Shades Natural Woven Shades (\$110 USD; \$140 CAD)
- _____ Inspired Shades Dual Sheer Shades (\$175 USD; \$225 CAD)
- _____ Inspired Shades Drapery Fabric Deck (\$20 USD; \$25 CAD)

Section 4: Pro Design LLC Contact Information

Office Contact

General Information: inspired@prodesignllc.net
Orders: orders@prodesignllc.net
Office Phone: 330-562-0023
Amy O'Malley Mobile: 234-303-4298
(Account Manager)

Find Us Online!

Inspired-Shades.com
Contact us for access to your Franchisee Toolkit.



Section 5: Method of Payment (please choose one)

Auto-Pay - *please complete and sign payment form below.*

- ACH or Credit Card
- 2% Discount Applied
- Account Charged When Order Ships

Portal Pay

- Make Payments Online Through ePIC Account
- 2% Discount Applied If Paid Within 10 Days of Invoice

Net 30

- No Discount Applied
- Mail In Payment By Check

Section 6: Auto-Pay Authorization

Please complete this section only if you selected Auto-Pay as your preferred method of payment. Provide either ACH OR credit card information.

ACH Information

Bank Name:

Routing Number:

Account Number:

Credit Card Information

Date: Name on Card:

Billing Address:

City:

State:

Zip:

Card Number:

Security Code:

Expiration Date:

By signing below, I am acknowledging that I am the account/credit card holder of the above mentioned account/card. I authorize Pro Design, LLC the right to process payment of invoices unless I notify of any change. I understand that there will be no refunds and that all sales are final.

Signed:

Date ACH/CC details provided:



Section 7: Trade References

Trade Reference #1:

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone Number: _____ Account Number: _____

Trade Reference #2:

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone Number: _____ Account Number: _____

I expressly authorize all references on this application to release information concerning my credit history.

Print Name: _____ Signed: _____ Date: _____

I consent to and authorize Pro Design LLC to obtain credit and financial information from any source at any time, which may include a report from a credit-reporting agency.

Print Name: _____ Signed: _____ Date: _____
