



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: \_\_\_\_\_

Order Submittal

Email: \_\_\_\_\_

Advance Ship Notification

Email: \_\_\_\_\_

Invoices/Financial

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 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!

www.Inspired-Shades.com  
 www.Shop-Inspired-Shades.com



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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

- Manage your own payments
- 2% Discount Applied If Paid Within 10 Days of Invoice

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:

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Routing Number:

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Account Number:

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*Credit Card Information*

Date:                      Name on Card:

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Billing Address:

City:

State:

Zip:

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Card Number:

Security Code:

Expiration Date:

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*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:

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Section 7: Trade References

Trade Reference #1:

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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Trade Reference #2:

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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*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: \_\_\_\_\_

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