



INSPIRED
SHADES™

Account Application (US)

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)
- _____ Inspired Shades Natural Shades (\$175 USD)
- _____ Inspired Shades Dual Sheer Shades (\$175 USD)
- _____ Inspired Shades Drapery Fabric Deck (\$20 USD)

Section 4: Pro Design LLC Contact Information

Office Contact

General Information: inspired@prodesignllc.net
 Orders: orders@prodesignllc.net
 Office Phone: 330-562-0023

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.***

Option 1: ACH Information

Complete this section if ACH is your preferred method of payment. Do not complete this section if you prefer to pay by credit card.

Bank Name:

Routing Number:

Account Number:

Option 2: Credit Card Information

Complete this section if credit card is your preferred method of payment. Do not complete this section if you prefer to pay by ACH.

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: _____
