



Gemstone Cabinetry, LLC.

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North Port, Fl. 34289
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fax 941.548.4588

www.gemstonecabinetry.com
sales@gemstonecabinetry.com

CUSTOMER PROFILE

Company Name _____

DBA? _____

Fed ID _____ sales tax ☐ taxable ☐ exempt

if exempt - must provide resale certificate

Company Structure corporation ☐ partnership ☐ sole proprietor ☐

Principle name 1 _____

Principle name 2 _____

Principle name 3 _____

Years in business _____

Mailing Address _____

city _____ state _____ zip _____

Shipping Address _____
(if different)

city _____ state _____ zip _____

Phone _____ fax _____ cell _____

email _____

Authorized Purchasers _____

Terms Prepay ☐

50/50 ☐

Paypal ☐

CC ☐

Credit card on file number _____

exp _____ CCV _____

name _____

address _____

Please fax or email completed form to Gemstone or present to your sales rep. New dealers are required to purchase a sample startup kit (\$1000) in order to be recognized by Gemstone Cabinetry. Leads generated will be passed on to dealers based on geographical proximity.

Customer Signature _____ date _____