

DOMAIN CABINETS DIRECT
Premium Ready-to-Assemble Cabinets

Pro Account Application

(Please email the completed application to customerservice@domaincabinets.com)

Business Information

Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Commercial w/ Forklift Commercial w/o Forklift Residential

Website URL: _____

Phone: _____ Email: _____

Main product and/or service: _____

Number of Years in Business: _____

Tax ID Number (EIN): _____ Business License Number: _____

Resale Permit Number: _____ Contractor License Number: _____

Pro Account Information

Login Email: _____

(Temporary password will be set and emailed to you when account is approved)

Billing Name: _____ Billing Phone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Do you want us to collect California sales tax when placing order with us?

Yes No (not in California or have a valid California Resale Permit)