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	\square Residential
Website URL:		
Phone:		
Main product and/or service:		
Number of Years in Business:		
Tax ID Number (EIN):	Business License N	umber:
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 sal	les tax when placing order witl	h us?
☐ Yes ☐ No (not in California	a or have a valid California Res	sale Permit)