

**JULIE NEILL DESIGNS**  
**APPLICATION FOR DESIGNER PROGRAM**

3908 Magazine Street  
New Orleans, LA 70115

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Bill To \_\_\_\_\_

Ship To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_\_

Fax Number (\_\_\_\_)\_\_\_\_\_

E-Mail \_\_\_\_\_

Preferred Contact Method \_\_\_\_\_

Signature \_\_\_\_\_

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**REQUIREMENTS**

Resale Number \_\_\_\_\_

Tax ID# \_\_\_\_\_

Please submit the following with your application. Applications cannot be processed without the following documents:

\_\_\_ Resale Certificate

\_\_\_ Occupational License

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**TRADE REFERENCES (Three Required)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

Account # \_\_\_\_\_

Type of Vendor \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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Fax \_\_\_\_\_

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Account # \_\_\_\_\_

Type of Vendor \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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Fax \_\_\_\_\_

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Account # \_\_\_\_\_

Type of Vendor \_\_\_\_\_

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How did you hear about us?

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\*\*\*PLEASE FAX SIGNED AND COMPLETED APPLICATION TO 504.309.5302\*\*\*