



STORE NAME: _____ Date: _____

Website: _____

Are you a web store? _____ Are you an interior designer? _____

CONTACT PERSON:

First name: _____ Last Name: _____

Email (required): _____

BILLING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

STORE SHIPPING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Store Email: _____

PAYMENT INFORMATION:

Visa MasterCard Amex

Cardholder name _____ Signature: _____

Card Number: _____ Exp date: _____

CSV Code: _____ Tax ID (required): _____

The Little Acorn
San Francisco, CA 94127
TEL: 415-350-7212 FAX: 480-287-8270