

PREFERRED CUSTOMER APPLICATION

Fax without cover to **(210) 568-4982** or Email to **custserv@laredopaint.com**

CONTACT INFORMATION — INFORMACIÓN DE CONTACTO

Name

Nombre y Apellido

Title / Role (optional)

Título (opcional)

Company name (optional)

Compañía (opcional)

Phone

Teléfono

Fax

E-mail

Correo electrónico

Street address

Calle

City, State & Zip

Ciudad, Estado, Código Postal

TELL US ABOUT YOURSELF — TIPO DE NEGOCIO

Select One

- | | |
|--|---|
| <input type="checkbox"/> Artist & Display Dept (A1) | <input type="checkbox"/> Painting Contractor <i>Pintor</i> (P1) |
| <input type="checkbox"/> Designer, Decorator, Architect (D1) | <input type="checkbox"/> Paper Hanger <i>Papel Tapiz</i> (P2) |
| <input type="checkbox"/> General Contractor (G1) | <input type="checkbox"/> Cabinet Shop <i>Gabinetes</i> (P3) |
| <input type="checkbox"/> Industrial Maint & Welding <i>Soldadura</i> (I1) | <input type="checkbox"/> Iron Shop (P4) |
| <input type="checkbox"/> Property Management, Hotel,
Government, Healthcare Facility (M1) | <input type="checkbox"/> School, College, University (S1) |
| | <input type="checkbox"/> Super Customer (01) |