

# homenature

## Trade Registry Application

As a Homenature Trade member - you'll receive the following exclusive discounts\*:

- 10% off everything
- 15% off custom ordered homenature upholstery items
- 15% off custom ordered homenature dining tables and buffets
- 15% off lighting
- 15% off vintage
- 15% off wall art
- 15% off one-of-a-kind pieces

*\* trade discounts do not apply to floor samples or sale items*

*\* trade discounts do not apply to previously placed or existing orders*

In addition, you'll receive seasonal product previews, as well as invitations to exclusive design events. To apply for membership in Homenature's Trade Registry Program – either submit an application in-person in store to one of our stores or email a completed/ signed application to [customercare@homenature.com](mailto:customercare@homenature.com). The application MUST include two of the following pieces of info:

- 1) Current Business OR State Professional License
- 2) EIN Number OR Federal Tax ID number

*NOTE: Homenature only collects tax for the State of New York. If you seek a tax exemption, Homenature requires that a completed NY State ST-120 Tax Form be submitted for every order where tax is being removed. We do not keep ST-120 forms on file. Tax will not be removed from quotes or invoice until a completed form is submitted & approved.*

Organization or Firm Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### OWNER or FIRM's LEADER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Website: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

*The above information is subject to approval. We reserve the right to deny anyone the trade discount. All orders must be paid for in full at time of order placement. Customer is responsible for all shipping costs.*

Signature: \_\_\_\_\_

*\* I have read and understand the details of the Homenature Trade Program and agree to follow the terms and conditions.*

Organization or Firm Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ADDITIONAL MEMBER's NAMES**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_