

Client Sign Up Form



CITY BUSINESS SHIPPING

Which DTLA location are you working with?

- | | | |
|--------------------------|------------------------------|--------------|
| <input type="checkbox"/> | 225 East 9th Street | 213-612-4949 |
| <input type="checkbox"/> | 308 South Los Angeles Street | 213-622-2426 |
| <input type="checkbox"/> | 967 East 12th Street | 213-239-8877 |
| <input type="checkbox"/> | 1147 South San Pedro Street | 213-275-1631 |

Client Information

Business Name: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Instagram: _____ Facebook: _____

Shipping Information

Complete If different than above. Leave blank if same as above.

Business Name: _____

Contact Person: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Billing Information

Name of Cardholder: _____

Credit Card Number: _____ Expiration Date: _____ CVV Code: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature

X _____ Date: _____

I confirm all information on this form is correct and true.