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Wholesale Account Application

Information:

Name: _____

Company: _____

Shipping Address:

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Sales Tax ID: _____ State: _____

Trade References:

Company:	Phone:	Account Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Items of Interest:

Pantographs: _____ (Paper: _____ Digital: _____)
Patterns: _____
Stencils: _____
The Pattern Grids: _____