



premier tile corporation

TRADE PARTNER PROGRAM

Registration

YOUR COMPANY NAME _____

YOUR PREMIER TILE CORP ACCOUNT NUMBER _____

fcB2B-COMPLIANT SOFTWARE _____

YOUR COMPANY'S B2B CONTACT _____

YOUR B2B CONTACT'S EMAIL _____

PREFERRED STORE ID _____

PREFERRED STORE QUALIFIER _____

INDICATE REQUESTED FILE TRANSFER OPTIONS:

- 810 Invoicing
- 832 Price Catalog
- 850 / 855 POs & PO Acknowledgements

I certify that I have the authority to register for this service on behalf of the Company listed above and to exchange this information with Premier Tile Corporation for the purpose of electronic data interchange. I understand that Premier Tile Corporation will make every effort to ensure the accuracy of the information shared, but no guarantees are made. I release Premier Tile Corporation from responsibility for any such errors and from any possible misuse of the information exchanged.

PRINTED NAME _____

SIGNATURE _____ DATE _____

SUBMIT COMPLETED FORM BY EMAIL TO bmiller@premiertilecorp.com
OR BY FAX TO 402.339.9988



premier tile corporation

kansas city | omaha | st. louis ——— premiertilecorp.com