

Boyles Distinctive Furniture

Partners In Design Program Information Sheet

Designer's Name: _____

Name of Design Firm, if applicable: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Website Address: _____

Birthday...(Month and Day Only) _____

Circle the appropriate account type below:

Individual

Corporation

Partnership

Sole Proprietorship

www.pidprogram.com