



ATLANTIC TILE
7805 Ellis Road
West Melbourne, FL 32904
accounting@atlantic-tile.com

STUDIO TILE and STONE
395 Pineda Court
Melbourne, FL 32940
accounting@studiotileandstone.com

CUSTOMER #

STANDARD MEMBERSHIP APPLICATION

GENERAL INFORMATION

Last Name		First Name	
Cell#		Email	
Office Tel#		Fax#	
Occupation			

BUSINESS INFORMATION

Business Name			
Business Address			
FL Resale Tax Cert ID (if applicable)			
FL Tax Exempt ID (if applicable)			
Business Tax License			
Business Category	(please circle all that apply)		
	Architect	Designer	Remodeler
	Builder	Flooring Installer	Tile Contractor
	Cleaner/Restorer	OTHER:	
What types of materials do you install or specialize in?			

REFERRAL PAYMENTS and PURCHASING METHODS

What is your preferred method of payment for commission?	(please check only one)	
<input type="checkbox"/>	Check made out to business	
<input type="checkbox"/>	Check made out to individual	
<input type="checkbox"/>	I choose to to pass my savings on to my customers.	

SIGNATURE

Member Signature	
Member Printed Name	
Date	

Atlantic Tile reserves the right to cancel or change terms of the Tile Club Membership at any time.
By signing I consent to receive marketing material from Artisan Trading Company, LLC and its affiliated companies.
If you have any questions about this application, please contact the accounting dept 321-802-4200
This application must be brought to 7805 Ellis Road in West Melbourne or emailed.

W9 must be included with all applications

SALES REP: _____

APPROVED BY: _____

11/9/2023
CARDS PRINTED: _____