

HW HOME DESIGNER APPLICATION

PLEASE RETURN TO A HW HOME STORE OR FAX TO 303.779.9600

HW Designer Consultant _____

Date _____

Company Name _____

Principal(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Cell _____ Email _____

Year company founded _____

Number of employees _____

Please indicate the clients you service |

Residential Corporate Hospitality Realty Other _____

Persons authorized to purchase for your company |

Trade References |

HW Home services you are most likely to use |

Stocking Program Staging Warehousing Installation Financing



PEARL STREET EAST | 1941 PEARL STREET | BOULDER | P 303 545 0320 F 303 545 0944

FLATIRON CROSSING | BROOMFIELD | P 720 887 1223 F 720 887 1343

CHERRY CREEK NORTH | 199 CLAYTON LANE | DENVER | P 303 394 9222 F 303 394 9111

THE LANDMARK | 5375 LANDMARK PLACE | GREENWOOD VILLAGE | P 303 779 9500 F 303 779 9600

COLORADO'S OWN | HWHOME.COM

Please describe your firm. What are your specialties? How would you describe your style?

How can HW Home best serve you and your clients?

Are you a member of ASID/AIA? yes no

Please list professional association memberships |

Do you have images/tearsheets of published work? yes (please include) no

DO YOU WISH TO BE CHARGED SALES TAX? **YES** **NO**

Please provide the following |

- 1 | Copy of Colorado or out-of-state resale certificate
- 2 | State of Colorado Resale Form (attached - applicable to CO businesses only)
- 3 | For business in the cities of *Boulder, Broomfield, Denver, and Greenwood Village* - copy of that city's Retail Sales Use license
- 4 | Denver Design Center membership number

Applicant Signature

Date

**CO and out-of-state licenses are verified with Department of Revenues.
You will be contacted if the license numbers provided are invalid.**

Other Comments |

office use only

Has applicant sales tax license been verified? yes

APPROVAL

Signature

Date

SALES TAX EXEMPTION CERTIFICATE MULTI - JURISDICTION

See reverse side for instructions.

	Address	
I CERTIFY THAT	Name of Firm (Buyer)	
	Street Address or Post Office Box Number	
	City	State
		ZIP Code
QUALIFIES AS (Check each applicable item)	<input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAILER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> LESSOR* (See note on reverse side) <input type="checkbox"/> CHARITABLE OR RELIGIOUS <input type="checkbox"/> POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY <input type="checkbox"/> OTHER (Specify) _____ 1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is _____ or _____ 2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is: <input type="checkbox"/> CHARITABLE OR RELIGIOUS <input type="checkbox"/> POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY <input type="checkbox"/> OTHERWISE EXEMPT BY STATUTE (SPECIFY) _____	
City or State	State Registration or ID Number	City or State
City or State	State Registration or ID Number	City or State
City or State	State Registration or ID Number	City or State
If the list of states and cities is more than six (6), attach a list to this certificate.		
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.		
General description of products to be purchased from the seller		
<i>Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.</i>		
Authorized Signature (Owner, Partner or Corporate Officer)		Date