## RALPH LAUREN

## TRADE REGISTRATION FORM

Please submit your completed application along with a copy of your state issued resale certificate to:

## RLTrade@ralphlauren.com

Business Name:		
Principal:		
Street Address:		
City:	State: Zip:	:
Telephone: ()_	Mobile: ()	
Email:	Fax: ()	
Other Authorized Contacts		
Name:	Email:	
Name:	Email:	
Accounting Contact:	Email:	
Type of Business  Interior Design Architecture  Other:  Professional Organization ASID	☐ Contractor	Purchasing Agent  Other
Trade References  Name:  1  2  3	State/Zip:	Telephone:
Authorized Signatures	Title	