



Sweet Dream
REWARDS

Registration Form

Your registration will be valid at all of our showrooms (except clearance centers).

Your Name _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Business Phone (_____) _____

Business Fax (_____) _____

Alternate Phone (_____) _____

Email _____

Social Security/EIN# _____

EIN# is NOT the same as your resale certificate number

Check One: Individual (SS#) Partnership (EIN#) Corporation (EIN#)

All correspondence should be sent to: *(complete only if different than the above address)*

Name _____

Address _____

City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

Payment can only be made when this form is completed in full. A check will be made payable to an individual only if a social security number is provided for 1099 purposes.

Fax to: (239) 908-2085 Attn: Accounting

Mail to: 12660 Bonita Beach Road, Bonita Springs, FL 34135 Attn: Accounting

E-Mail to: ap@CityMattress.com

Office Use Only

SDR Member #: _____

Effective Date: _____