



Karl's Appliance Dropbox Enrollment Form

Yes, please enroll me in the Karl's Appliance Drop Box Program.

Please Print or Type:

First Name: _____

Last Name: _____

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Phone: _____ **Fax:** _____

E-mail Address: _____

Website: _____

Please list other designers or individuals you would like to have access to this folder & Karl's Appliance will send them an e-mail program participation invitation.

Name & Title:	E-mail Address:

I agree with the terms written below.

The account, program and system is provided by Dropbox Inc. All program participants must adhere to Dropbox Inc's terms, conditions and policies. Please understand that Karl's Sales & Service Co., LLC is not responsible for content or loss of content. Karl's Sales & Service Co., LLC is only offering a folder within the Dropbox Inc. system which will allow participants to access select information at the Karl's Appliance Paramus Showroom.

Signature

Date

NOTE: Please return this form to Colleen Lutz at E-mail: clutz@karlsappliance.com
or Fax: (201) 267-0817.