

Custom Design, Inc

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913. 764. 9211 • FAX: 913. 782. 1932

COMPANY SUPPLIERS • VENDORS • MANUFACTURERS

PLEASE MAIL TO CUSTOM DESIGN
THE SUPPLIERS LIST ALONG
WITH STATIONARY AND ENVELOPES
(1 SHEET & 1 ENVELOPE FOR EACH NAME)

BUILDER: _____

ADDRESS: _____

CITY/STATE & ZIP _____

PHONE: OFFICE _____ **FAX:** _____ **MOBILE:** _____

EMAIL ADDRESS: _____

Authorized Signer Name & Title: _____

ARCHITECT:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax _____

Mobile: _____ Pager: _____

Contact/Title: _____

Annual Business Volume: _____

AD SIZE REQUESTED: _____

BANK:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Mobile: _____ Pager: _____

Contact/Title: _____

Annual Business Volume: _____

AD SIZE REQUESTED: _____

APPLIANCES:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Mobile: _____ Pager: _____

Contact/Title: _____

Annual Business Volume: _____

AD SIZE REQUESTED: _____

BRICK SUPPLIER

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax _____

Mobile: _____ Pager: _____

Contact/Title: _____

Annual Business Volume: _____

AD SIZE REQUESTED: _____

ATTORNEY:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax _____

Mobile: _____ Pager: _____

Contact/Title: _____

Annual Business Volume: _____

AD SIZE REQUESTED: _____

CABINET SUPPLIER

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Mobile: _____ Pager: _____

Contact/Title: _____

Annual Business Volume: _____

AD SIZE REQUESTED: _____

BANK:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Mobile: _____ Pager: _____

Contact/Title: _____

Annual Business Volume: _____

AD SIZE REQUESTED: _____

CARPET SUPPLIER:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Mobile: _____ Pager: _____

Contact/Title: _____

Annual Business Volume: _____

AD SIZE REQUESTED: _____

CARPET SUPPLIER:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

DRYWALL CONTRACTOR

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

CLOSETS:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

ELECTRICAL CONTRACTOR

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

CONCRETE SUPPLIER - (Ready-Mix)

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

ELECTRICAL SUPPLIER

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

COUNTER TOPS:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

EXCAVATION:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

DEVELOPER:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

ENGINEERING:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

FIREPLACE SUPPLIER:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

INSURANCE:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

GARAGE DOOR COMPANY

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

INTERIOR DESIGNER:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

HEATING & COOLING (HVAC)

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

LANDSCAPE:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

HARDWARE SUPPLIER (Locks & Knobs)

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

LIGHTING FIXTURES:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

INTERCOMS/VACUUMS:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

LUMBER COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

MARBLE COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

PLUMBING CONTRACTOR:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

MORTGAGE COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

PLUMBING SUPPLIER:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

MORTGAGE COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

REALTOR:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

PAINTING CONTRACTOR

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

REALTOR:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

PAINT SUPPLIER:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

ROOFING CONTRACTOR:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

SIDING CONTRACTOR:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

TITLE COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

SECURITY COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

WINDOW COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

SURVEYOR:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

WINDOW COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

TILE CONTRACTOR:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

WARRANTY COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

TITLE COMPANY:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

WOOD FLOORS:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax _____
Mobile: _____ Pager: _____
Contact/Title: _____
Annual Business Volume: _____
AD SIZE REQUESTED: _____

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Annual Business Volume: _____
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