



CREDIT APPLICATION
PLEASE SUBMIT COPY OF RESALE CERTIFICATE

ACCOUNT # _____ DATE _____ DATE BUSINESS ESTABLISHED _____

CHARGE TO:

Trade Name (Billing) _____

Legal Name _____

Address _____ City, State, Zip _____

Phone # _____ Fax # _____

Email _____ Check this box if you choose to receive newsletters and special offers from us via email

PLEASE GIVE NAME, HOME ADDRESS, AND PHONE NUMBER OF OWNER OR AN AUTHORIZED OFFICER IF INCORPORATED.

Name _____

Address _____ City, State, Zip _____

Phone # _____

Business is a Proprietorship Partnership Corporation

Type of Business _____

TRADE REFERENCES:

PLEASE LIST 3 ACTIVE SOURCES. REFERENCES SUBMITTED WITHOUT ACCOUNT NUMBERS CANNOT BE CONSIDERED.

B. Berger _____ Pindler _____

Barrow _____ Robert Allen _____

Brunschwig & Fils _____ S. Harris/Fabricut _____

Designtex _____ Schumacher _____

Hunter Douglas _____ Seabrook _____

Imperial Wallcovering _____ Stout Bros. _____

Kravet _____ Stroheim & Roman _____

Norbar _____ Westgate _____

ADDITIONAL CREDIT REFERENCES INCLUDING ACCOUNT NUMBERS, ADDRESS, AND PHONE NUMBERS.

BANK REFERENCES:

PLEASE SUBMIT LETTER OF AUTHORIZATION TO BANK ON COMPANY LETTERHEAD.

Name _____ Account # _____

Address _____ City, State, Zip _____

Phone # _____ Officer _____

TERMS:

TYPE OF ACCOUNT: NET 30 DAYS C.O.D. PROFORMA SALES REP: _____

SALES REP#: _____

Signature (Owner or Authorized Officer of Company) _____ PO Required Yes No