



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 _____

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