

NEW ACCOUNT FORM

Date _____

All orders will be shipped on a cash basis. If a commercial check is to be tendered, the information requested in #1 through #5 below must be completed in full prior to shipment of order. If credit is requested, a credit application is on the reverse side of this form. (Please Type or Print.)

1. ACCOUNT NAME _____

Mailing address _____ Phone(____)____-_____

City _____ State ____ Zip _____ - _____

Delivery address _____ Phone(____)____-_____

City _____ State ____ Zip _____ - _____

County _____ FAX#(____)____-_____

Email Address: _____

2. TYPE OF BUSINESS _____ Do you have a showroom? Yes No

3. BUSINESS INFORMATION:

Date Incorporated/started _____

(Please check only one)

Federal ID # _____ - _____

 CORPORATIONS: (Must list: President, Secretary, Treasurer, & home address, phone, SS#, DL# for each) **PARTNERSHIPS:** (Must list: All Partners & home address, phone, SS#, DL# for each) **PROPRIETORSHIP/INDIVIDUAL:** (Must list: Name, home address, phone, SS#, & DL#)

Name _____ title _____ SS# _____

Home address _____ DL# _____

City _____ State ____ Zip _____ - _____ Phone(____)____-_____

Name _____ title _____ SS# _____

Home address _____ DL# _____

City _____ State ____ Zip _____ - _____ Phone(____)____-_____

Name _____ title _____ SS# _____

Home address _____ DL# _____

City _____ State ____ Zip _____ - _____ Phone(____)____-_____

Registered Agent _____ Phone(____)____-_____

4. BANK INFORMATION:

Checking A/C# _____ Loan A/C# _____

Bank _____ Bank _____

Address _____ Address _____

City _____ City _____

Zip _____ - _____ Phone(____)____-_____ Zip _____ - _____ Phone(____)____-_____

Contact _____ Contact _____

5. TAX STATUS: _____ Pays Tax _____ Resale (See below)

6. If you are tax exempt, please submit a copy of your current Florida Annual Resale Certificate. Copy enclosed. Yes No

7. How did you hear about CabinetWare: _____

CREDIT APPLICATION

If credit is requested, a minimum \$300.00 purchase is required. The information requested below **must be completed in full**. Allow 30 days for processing. Application for credit does not guarantee that credit will be approved. Credit will be considered only for trade accounts where frequent and repetitive purchases are probable. All purchases are C.O.D. while credit is pending.

TERMS: Payment is due on the 10th day of the month following purchase. Accounts become past due on the 15th of the month following purchase and are placed on C.O.D. A late charge of 1½% (18% annually) will be assessed on all past due accounts. Buyer agrees to pay all reasonable costs of collection including attorney fees. All orders are subject to the approval of our credit department. A \$25.00 fee will be assessed on checks returned unpaid from a bank.

8. CABINET & FURNITURE INDUSTRY REFERENCES:

Company _____ A/C# _____

Address _____ Phone(____) _____ - _____

City _____ State _____ Zip _____ - _____ FAX# (____) _____ - _____

Company _____ A/C# _____

Address _____ Phone(____) _____ - _____

City _____ State _____ Zip _____ - _____ FAX# (____) _____ - _____

Company _____ A/C# _____

Address _____ Phone(____) _____ - _____

City _____ State _____ Zip _____ - _____ FAX# (____) _____ - _____

9. OTHER BUSINESSES WHERE APPLICANT HAS ESTABLISHED CREDIT:

Company _____ A/C# _____

Address _____ Phone(____) _____ - _____

City _____ State _____ Zip _____ - _____ FAX# (____) _____ - _____

Company _____ A/C# _____

Address _____ Phone(____) _____ - _____

City _____ State _____ Zip _____ - _____ FAX# (____) _____ - _____

10. BUILDING FACILITY: _____ Owned _____ Leased, show owner below.

Name _____ Phone(____) _____ - _____

Address _____ City _____ State _____ Zip _____ - _____

11. CREDIT LIMIT REQUESTED _____ PURCHASE ORDER REQUIRED ___ Yes ___ No

12. PURCHASERS (Contacts): _____

In making this application for and in consideration of any credit extended as a result of this application, the applicant and the undersigned, individually and collectively promise to pay all costs of collection, including reasonable attorney fees incurred by CabinetWare® in collecting any money owed on any credit account maintained by any of the people or entities named in this application. Should it become necessary for legal action to be taken to resolve any disputes between the parties to this agreement, it is specifically agreed that venue shall lie in Sarasota County, Florida. All merchandise purchased from CabinetWare® shall remain the property of CabinetWare® until full payment is made.

The applicant and the undersigned hereby authorize CabinetWare® to obtain a personal credit report on company principals and to contact each of the banks and credit references listed above for the purpose of verifying the business reputation of the applicant and do further authorize any bank, credit reference or bureau to make such disclosures to CabinetWare® as CabinetWare® shall deem necessary and advisable.

Signature _____ (Printed name _____)
(Signature must be officer/principal)

Signature _____ (Printed name _____)
(Signature must be officer/principal)

Signature required in order to process application