

## 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(\_\_\_\_)\_\_\_\_-\_\_\_\_\_

### 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. CREDIT LIMIT REQUESTED \_\_\_\_\_ PURCHASE ORDER REQUIRED \_\_\_\_\_ Yes \_\_\_\_\_ No

**PURCHASERS** (Contacts): \_\_\_\_\_

### 8. How did you hear about CabinetWare: \_\_\_\_\_

# CREDIT APPLICATION

If credit is requested, a minimum \$500.00 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.

## 9. 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# ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## 10. 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# ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

In making this application for and in consideration of any credit extended as a result of this new account 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)

## PERSONAL GUARANTEE

In consideration for CabinetWare® extending credit to the business identified on this form any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to CabinetWare® by the business identified on this form whether said sums are due under open account, contract or otherwise.

Print Name \_\_\_\_\_ SS# \_\_\_\_\_

Signature(No Titles) \_\_\_\_\_ Date \_\_\_\_\_