

BUSINESS ACCOUNT APPLICATION

APPLICATION MUST BE COMPLETED IN FULL, IN ORDER TO BE PROCESSED

Sales Representative Name: _____

Applicant Information

Full Name:		Title:	
Type of account applying for: <input type="checkbox"/> COD <input type="checkbox"/> Prepaid <input type="checkbox"/> Terms			
Address:			
City:	State:	Zip Code:	Phone:

Business Information

Legal Business Name:	DBA (If Applicable):
Established:	Prospective Credit Amount Requesting:
Business Registered As: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Inc. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit	
Business Type: <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler	
Registered in the State of:	Estimated Annual Sales:
FEIN:	
Resale Tax ID # (Please submit copy of certificate):	

Shipping/Billing

Shipping Address	Billing Address (Check If Same As Shipping Address <input type="checkbox"/>)
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Tel: Fax:	Tel: Fax:
Cell:	Cell:
Receiving Hours:	Office Hours:
Email Address:	Email Address:
Special Instructions:	Website:

Please Note:

Your credit application will not be processed if you do not include your a Resale Tax Certificate.

ADDITIONAL CONTACTS

Please complete the information below, as this will allow us to contact your team and references properly. Accurate and timely communication is an essential part of our business together.

Please note 802 Cabinetry does not mail invoices, so it is crucial that we have all the correct information for your Accounting Department (if applicable).

Designated Department Contacts

	Accounting	Ordering	Designer
Contact Name:			
Telephone:			
Email Address:			

Trade References (Provide Details For At Least Two Companies)

	Company 1	Company 2	Company 3
Company Name:			
Address:			
City, State, Zip:			
Contact Person:			
Telephone:			
Email Address:			
Acct #: (If Applicable)			

Bank References (Provide Details For At Least One Bank)

	Bank 1	Bank 2
Bank Name:		
Address:		
City, State, Zip:		
Contact Person:		
Telephone:		
Checking Acct #:		
Routing #:		