



Salesperson: _____

Date: _____

NEW CUSTOMER INFORMATION
MUST BE FILLED OUT COMPLETELY TO PURCHASE

FIRM NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ FAX: (____) _____

BANK: _____ ACCOUNT #: _____

EMAIL: _____

PLEASE CIRCLE THE TERMS YOU ARE REQUESTING
DEPOSIT REQUIRED / CASH ON DELIVERY / LINE OF CREDIT

SUPPLIER REFERENCES: (NAME, PHONE #, ADDRESS & ZIP, FAX #, AND ACCOUNT #)
At least one reference must be a window treatment supplier with a recent purchase

1. _____
2. _____
3. _____

I UNDERSTAND THAT MY ACCOUNT WILL REQUIRE A DEPOSIT UNTIL TERMS CAN BE EXTENDED AS DETERMINED BY DESIGNERS WHOLESALE WORKROOM. PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE OF 1 ½ % OF THE BALANCE, COMPOUNDED MONTHLY, WHICH IS AN ANNUAL PERCENTAGE OF 18%. BY SIGNING BELOW, I ACKNOWLEDGE THAT I AM AUTHORIZED BY MY COMPANY TO BIND THE COMPANY TO THE TERMS OF THIS ACCOUNT. I HEREBY AUTHORIZE DESIGNERS WHOLESALE WORKROOM TO ACQUIRE ACCOUNT INFORMATION FROM VENDORS AND CREDIT REFERENCES. THE UNDERSIGNED ASSUMES RESPONSIBILITY FOR ANY LEGAL EXPENSES INCURRED IN THE COLLECTION OF PAST DUE ACCOUNTS AND IS PERSONALLY, AS WELL AS CORPORATELY, RESPONSIBLE FOR ALL MONEY OWED.

NAME: _____
OWNER/PRESIDENT

NAME: _____
PARTNER/VICE PRESIDENT

HOME ADDRESS: _____

HOME ADDRESS: _____

HOME PHONE: (____) _____

HOME PHONE: (____) _____

D.O.B. OR DR LIC #: _____

D.O.B. OR DR LIC #: _____

SIGNED: _____
(MUST BE COMPLETED BY CHECK SIGNER)

SIGNED: _____
(MUST BE COMPLETED BY CHECK SIGNER)

PLEASE INCLUDE A COPY OF YOUR FLORIDA SALES TAX RESALE CERTIFICATE

1035 Industrial Blvd. • Naples, Florida 34104
office: 239.434.7633 • toll free: 800.454.3467 • fax: 239.434.6956