



Office Use Only
Rep: _____

Account Information

Account Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone (_____) _____ - _____ FAX (_____) _____ - _____

Purchasing Contact: _____ Email Address: _____

Phone: (_____) _____ - _____ ext: _____

Shipping Address: (if different than billing address) _____

City: _____ ST: _____ Zip: _____

Date Account Opened: _____ Pricing Level: _____

Type of Business: _____ Number of Employees: _____

Years in Business; _____ Is this business incorporated, if so, what kind? _____

Number of Locations/Branches: _____ Location for billing: _____

Accounts Payable Contact: _____

Phone (_____) _____ - _____ ext _____ Email Address: _____

Annual Decorative Hardware Sales: _____ Size of showroom: _____

Decorative Hardware Manufacturers Represented: _____

Web Address: _____

Designers/Inside Sales/Outside Sales Information:

Name: _____ ext _____ Email Address: _____

Name: _____ ext _____ Email Address: _____

Name: _____ ext _____ Email Address: _____

Name: _____ ext _____ Email Address: _____

Name: _____ ext _____ Email Address: _____

**Please FAX this completed form with the completed credit application
(888) 700-8762**

