

1421 Charles Willard Street
 Carson, CA 90746
 888.471.1616 Tel

* Sales Representative must fill out this form **COMPLETELY** in order to process new account.

Date _____

Representative Group _____

Customer Information

Company _____

Resale Number _____

Address _____

(Copy of resale certificate required before orders are processed)

City, State, Zip _____

Business Phone Number _____

Discount Programs:

D

D5

Shipping Method: KD/Will Call Assembled/Will Call KD/Delivered

Marketing 5: None Rebate Spiff Up Front

Principal(s) _____

Phone # _____

Email Address _____

Sales Contact Name _____

Phone # _____

Email Address _____

Fax # _____

Accounts Payable Contact Name _____

Phone # _____

Email Address _____

Fax # _____

Please check one box under each section

Showroom

Yes (if yes, approx. sq. footage _____)

No

Number of Sales People _____

Home Based Business

How many years in business

Less than one year

1-3 years

3-10 years

More than 10 years

Credit Rating

Very good

OK

Don't know

Recommended Terms

C.O.D. or C.B.D. (CASHIER'S CHECK)

Max. \$3,000.00

Max. \$5,000.00

Max. \$10,000.00

Max. \$15,000.00

Max. \$20,000.00

Customer Type

AC-Aligned

IC-Independent

BR-Budget Retail