

# Request For Account



CINDY CISKOWSKI

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

## BUSINESS CLASSIFICATION:

- RESIDENTIAL DESIGNER      RETAIL STORE      WEBSITE \_\_\_\_\_  
 DESIGN FIRM       YES    NO      RETAIL STORE SQUARE FOOTAGE \_\_\_\_\_  
 ARCHITECT      SHOWROOM      # OF DESIGNERS ON STAFF \_\_\_\_\_  
 OTHER       YES    NO

## TELL US ABOUT YOUR BUSINESS:

- SOLE PROPRIETORSHIP      OFFICERS OF FIRM  
 PARTNERSHIP      1 \_\_\_\_\_ POSITION \_\_\_\_\_  
 CORPORATION      2 \_\_\_\_\_ POSITION \_\_\_\_\_

RESALE # \_\_\_\_\_

DUNNS # \_\_\_\_\_

# OF YEARS IN BUSINESS \_\_\_\_\_

## TRADE REFERENCES

1 NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

2 NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

3 NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

I AGREE TO PAY ALL ACCOUNTS IN FULL PRIOR TO SHIPMENT UNLESS OTHERWISE AGREED. IF COLLECTION OF AMOUNT DUE IS REQUIRED, THE COSTS OF SUCH COLLECTION, INCLUDING ALL ATTORNEY FEES SHALL BE THE RESPONSIBILITY OF THE CUSTOMER. I HEREBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_ PLEASE PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_