

NEW CUSTOMER FORM

Please Return Completed Document to:

sales@CasualCushion.com

Please attach a copy of your Resale Certificate with this form when complete

Legal Company Name:

DBA Company Name:

Main Phone:

Main Fax:

Main Email:

Website:

Primary
Contact:

Secondary
Contact:

E.I.N:

Resale No:

Billing Address:

Shipping Address (if different than billing):

Address for Marketing/Sales Collateral:

Shipping Instructions/Account Information:

CONTACT INFORMATION

Buyer:

Phone:

Mobile:

Fax:

Email:

Email For: Order Confirmations Invoices/ Statements Sale/New Item Information

Buyer:

Phone:

Mobile:

Fax:

Email:

Email For: Order Confirmations Invoices/ Statements Sale/New Item Information

Accounting:

Phone:

Mobile:

Fax:

Email:

Email For: Order Confirmations Invoices/ Statements Sale/New Item Information

Receiving:

Phone:

Mobile:

Fax:

Email:

Email For: Order Confirmations Invoices/ Statements Sale/New Item Information

Alt. Contact:

Job Title:

Phone:

Mobile:

Fax:

Email:

Email For: Order Confirmations Invoices/ Statements Sale/New Item Information

Alt. Contact:

Job Title:

Phone:

Mobile:

Fax:

Email:

Email For: Order Confirmations Invoices/ Statements Sale/New Item Information

CREDIT INFORMATION

Name/Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Title</i>

Company Information

Legal Business Name:	<input type="text"/>	In Business Since:	<input type="text"/>
Type of Business:	<input type="text"/>	Tax ID #:	<input type="text"/>
		Sales Tax Cert:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Company Principal Responsible for Business Transactions:	<input type="text"/>	Title:	<input type="text"/>
Legal Form Under Which Business Operates:	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>

Address:	<input type="text"/>		
	<i>Street Address</i>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Address 2</i>	<i>City</i>	<i>State</i>
			<i>Zip</i>

Bank References

Institution:	<input type="text"/>	Checking Account #:	<input type="text"/>
Phone #:	<input type="text"/>	Fax #:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Street</i>	<i>City</i>	<i>State</i>
			<i>Zip</i>

Institution:	<input type="text"/>	Checking Account #:	<input type="text"/>
Phone #:	<input type="text"/>	Fax #:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Street</i>	<i>City</i>	<i>State</i>
			<i>Zip</i>

Institution:	<input type="text"/>	Checking Account #:	<input type="text"/>
Phone #:	<input type="text"/>	Fax #:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Street</i>	<i>City</i>	<i>State</i>
			<i>Zip</i>

Trade References

Company Name:

Contact Name:

Fax #:

Date Account
Opened:

Credit Limit:

Current Balance:

Address:

Street

City

State

Zip

Company Name:

Contact Name:

Fax #:

Date Account
Opened:

Credit Limit:

Current Balance:

Address:

Street

City

State

Zip

Company Name:

Contact Name:

Fax #:

Date Account
Opened:

Credit Limit:

Current Balance:

Address:

Street

City

State

Zip

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Printed Name