

New Customer Application

Please follow the instructions outlined below, completing all required fields. Credit applications may be expedited upon request, pending the full and accurate completion of this application. Please note, we rely on a prompt response from existing creditors, banks, and other trade references in order to quickly finalize terms.

1. Please complete all sections of this application. It is acceptable to submit a prepared form so long as it includes all required information.
2. Please list all principals of your organization. Corporations and Partnerships must include their federal EIN number, while Sole Proprietorships must include applicable social security numbers.
3. A minimum of one bank reference is required. Please provide appropriate contact information. Be sure to include the phone number and fax number of the business providing the credit references.
4. Be sure to include both telephone and fax numbers for all credit references.
5. Please ensure the 'Terms' section at the conclusion of page 1 is signed and dated.
6. All customers must include the appropriate Resale Tax Form for their state.
7. Please sign and return the Credit Agreement. By signing the Credit Agreement, you agree to all terms, agreements, and requirements that pertain to the maintenance of an account in good standing with James Edward Furniture. .

For questions or clarification on any aspect of this application, please do not hesitate to contact me.

Thank you,

Bob Lubold
James Edward Furniture
blubold@jamesedwardfurniture.com

New Customer Information

Business Name _____

Business Address

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Customer Contacts

Please include main contact, accounting and purchasing contact information

Name _____ Title _____

Phone _____ Email _____

Name _____ Title _____

Phone _____ Email _____

Name _____ Title _____

Phone _____ Email _____

Name _____ Title _____

Phone _____ Email _____

Terms

A 50% deposit is due prior to the start of production. The second 50% is due before the order is shipped.

By signing, I acknowledge all products are special order. All deposits are non refundable, and once an order is in production, the order may NOT be cancelled without incurring a 20% cancelation fee.

I am obligating myself/my organization to take possession of the product and pay for the balance of the order within these Terms.

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Business Credit Application

Application must be completed in its entirety and signed by the appropriate parties.

Name _____

Address _____

Company/Principals

Corporation _____ Partnership _____ Sole Proprietorship _____

Name & Address of all Principals (Proprietor, Partners or Officers)

_____ S.S.# _____

_____ S.S.# _____

_____ S.S.# _____

City License No. _____

Federal EIN _____

State Resale No. _____

Date business started _____

Any prior businesses? _____

If incorporated, date and state of incorporation _____

Expected monthly purchases \$ _____ Amount credit desired \$ _____

References

BANKS in which applicant has accounts (name, branch and mailing address)

_____ A/C # _____

_____ A/C # _____

_____ A/C # _____

BUSINESSES presently selling to applicant on open account:

Name	Mailing address (include zip code)	Phone
_____	_____	_____
_____	_____	_____

Tax Exempt Certificate

I, _____ HEREBY CERTIFY that we are engaged in the business of selling _____; that the tangible personal property described herein which I shall purchase from JAMES EDWARD FURNITURE, will be resold by us in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that we are required by the Sales and Use Tax Law to report and pay the Use Tax measured by the purchase price of such property.

State	State Tax ID #	State	State Tax ID #	State	State Tax ID #
AL		LA		OH	
AK		MA		OK	
AR		MD		OR	
AZ		ME		PA	
CA		MI		RI	
CO		MN		SC	
CT		MO		SD	
DE		MS		TN	
FL		MT		TX	
GA		NC		UT	
HI		ND		VA	
IA		NE		VT	
ID		NH		WA	
IL		NJ		WI	
IN		NM		WV	
KS		NV		WY	
KY		NY			

Please send a copy of each of your state tax exempt certificates.

Description of property to be purchased: _____

Dated this _____ day of _____, 20____

Applicant's Social Security or Federal Tax No.

Applicant's Signature by Company Principal Individually as a Personal Guarantee
Sign Name Print Name

Terms/Conditions

Applicant to pay for each purchase according to the terms of purchase of JAMES EDWARD FURNITURE, in effect at the time of each such purchase. In consideration of the extension of credit by JAMES EDWARD FURNITURE to the applicant at any time and from time to time hereafter, applicant agrees to pay reasonable attorneys' fees if legal action is brought upon any obligation arising hereafter of applicant to James Edward Furniture in addition to the amount of obligation, but in no event less than 33 percent of the principal amount outstanding. You will be charged interest at the rate of 1½ percent (1½%) per month on all past due accounts. If applicant is a corporation, the persons signing below agree that they are personally responsible for all obligations arising hereunder and guarantee payment of said debt.

Date _____
Sign Name Authorized signature by its officer Print Name

Date _____
Sign Name Guarantor Print Name

Date _____

James Edward Furniture Use

Approved _____

Discount Rate _____