



# ACCOUNT APPLICATION

## A. CONTACT INFORMATION

To ensure prompt handling of your application, please provide all information requested below.

Business / Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

## B. ACCOUNT INFORMATION

Tax Status: Taxable  Exempt

Business Type: \_\_\_\_\_

Sales Tax #: \_\_\_\_\_

Federal Tax Id (EIN)/Social Security Number: \_\_\_\_\_

## C. OTHER

Purchase Order Required: Yes  No

Purchaser: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

In making this application and for consideration of any credit extended as a result of this application, the applicant and the undersigned, individually and collectively guaranty payment of all amounts which become due to USA Cabinets and promise to pay all costs of collection, including reasonable attorney fees incurred by USA Cabinets in collecting any money owed on any credit account maintained by any of the people or entities named in this application. If any account is established as a result of this application and is not paid when due the account shall bear interest at 1 1/2% per month, 18% per annum. All payments for goods and merchandise purchased from Skyline Cabinetry Inc. shall remain the property of USA Cabinets until paid in full. The terms are understood and will be complied with. The information herein is to be considered accurate to the best of my knowledge.

Name (Signature): \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_