ACCOUNT APPLICATION

***For CBD accounts please fill out Company & Shipping Profiles**

Company Profile

Company Name: _____ DBA: _____

Billing Address: _____ Phone: _____

_____ Fax: _____

_____ Email: _____

Shipping Address: _____ Contact: _____
(if different than above)

_____ Phone: _____

_____ Email: _____

Type of Business: _____ Date Established: _____

Federal Tax ID No: _____ D&B No.: _____

Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC

Names of Principals

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

Accounting Contact

Bank References

Bank Name _____, Phone: ( ) _____, Fax: ( ) _____

Address: _____
Street City State Zip

Account No.: _____

Contact Name: _____

Trade References*

1. Company Name: _____, Phone: ( ) _____, Fax: ( ) _____

   Address: _____, Contact: _____, Acct. #: _____

2. Company Name: _____, Phone: ( ) _____, Fax: ( ) _____

   Address: _____, Contact: _____, Acct. #: _____

3. Company Name: _____, Phone: ( ) _____, Fax: ( ) _____

   Address: _____, Contact: _____, Acct. #: _____

* Including a fax number for each reference will expedite this process!

By affixing their signatures below, the undersigned agree (1) that the information contained herewith is warranted to be true and correct, (2) to pay when due all invoices from Design Finishes LLC, (3) that in the event of default of payment, all costs of collection, including attorney's fees and court costs, shall be paid by the Applicants, (4) that invoices not paid in full within 30 days will accrue interest at 1.5% per month, (5) to authorize Design Finishes LLC to investigate any references herein listed (or statement of any other data obtained from any person pertaining to the credit worthiness or financial responsibility of the applicant). By signing this document, personal guarantee is part of this agreement.

Signature: _____ **Date:** _____

Print Name: _____

Signature: _____ **Date:** _____

Print Name: _____

Customer Shipping Profile Form

Please complete this form so we may set up your shipping profile correctly.
Fill in all applicable fields and return to us.

Customer Name: _____

Shipping Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Warehouse Hours: _____

Warehouse Contact Name: _____

Warehouse Contact Phone #: _____

Special Requirements:

☐ Appointment Delivery (specify further below)

☐ Lift Gate Needed

☐ Other (please specify below)

Other Notes: _____
_____
_____

Design Finishes
Hours: Mon-Fri, 7:30 AM - 4:00 PM
Contact: orders@design-finishes.com | (469) 900-6131