Wall Moulding & Associates

Please fax both sides of signed and completed form to: (325) 643-9649 or (325) 646-1656

	Ap	oplication for N	ew Account	
REQUEST FOR (please cl	JEST FOR (please check only one): 🛛 Open account (Credit Line Requested)			Credit Card
Your primary sales are:	Retail to the Publ	ic 🗆 Who	plesale to the Trade	🔲 Other
Federal Tax ID#		REQUIRED	D&B#	
Company Info	rmation			
Company Name:				
Billing Address:		Street		
		30660		
	City		State	Zip Code
Date Established:	Your Business	Address is (check one of t	he following): Residenti	al ()Commercial ()
	Inside Delivery	(check) Yes No	Lift Gate Needeo	l (check) Yes No
Shipping Address:		Street		
			State	Zip Code
	City		Sidie	Lip oode
Accounts Payable Conta	•			•
-	nct:			·
Business Phone: ()_	nct:		_	
Business Phone: ()_	nct:		_	
Business Phone:()_ Business Fax:() Owner Inform	ation		 Email:	
Business Phone:()_ Business Fax:() Owner Inform	ation		 Email:	
Business Phone:()_ Business Fax:() Owner Inform Owner's Name:	ation		 Email:	
Business Phone:()_ Business Fax:() Owner Inform Owner's Name:	ation		 Email:	
Business Phone: ()_ Business Fax: () Owner Inform Owner's Name: Home Address:	city		Email: Email: State	
Business Phone: ()_ Business Fax: () Owner Inform Owner's Name: Home Address:	city	Street	Email: Email: State	
Business Phone: ()_ Business Fax: () Owner Inform Owner's Name: Home Address:	city	Street	Email: Email: State	
Business Phone: ()_ Business Fax: () Owner Inform Owner's Name: Home Address:	City City List name, address, and	Street	 Email: State	Zip Code
Business Phone: ()_ Business Fax: () Owner Inform Owner's Name: Home Address: Corporation	City City List name, address, and List name, address, and List name, address, and	phone # of corporate officers	Email:	Zip Code
Business Phone: ()_ Business Fax: () Owner Inform Owner's Name: Home Address: Corporation	City City List name, address, and List name, address, and List name, address, and	Street	Email:	Zip Code
Business Phone: ()_ Business Fax: () Owner Inform Owner's Name: Home Address: Corporation	City City List name, address, and List name, address, and List name, address, and	phone # of corporate officers	Email:	Zip Code

Wall Moulding & Associates

Bank Information	**Required if requesting a line of credit**		
Bank Name:	Telephone #:		
Address:	Account #:		
Contact Name:	Contact Email:		
Trade References			
Company Name:			
Address:			
	Fax #:		
Fax #:			
Telephone #:	Fax #:		
Fax #:			
Terms of Sale			
Request for credit or exchange of goods wil in Brown County, Texas. Any account in past due status, consid due account is paid. Prices are subject to change without notice.	edit Card when order is placed. No C.O.D I be considered up to 30 days from invoice date. Accounts are due lered delinquent, is subject to orders being held until past Should it require legal action to collect the account, all such action s. Customer is responsible for all legal or collection fees incurred to		
Tax Resale / Exemption Certifi	cate (Signature Required)		
personal property described below, or on attached order Brownwood, TX 76804. The exemption is claimed because described property for his own use, developing a tax liabil Comptroller. FOR TEXAS ONLY. Use Tax will be collected or	ent of Limited Sales Tax, Sales Tax Other, Use Tax or Gross Tax on the purchase of tangible of invoices which is made a part hereof and purchased from Wall Moulding & Associates, emerchandise or property is to be used for resale. Should the purchaser use any or all of the lity on these sales, he assumes full responsibility for the tax and will remit same to their State on Non-Resale items. This certificate shall be notice and be considered as a part of each order certificate shall be effective until revoked by me in writing to the vender.		
Authorized Signature:	Required Print Name:		
I (we) have read this contract, the terms of s			
Authorized Signature:			
Print Name:			
Company Name:			
For Office Use C	Only - Do Not Write Below This Line		
Customer #:	Credit Line:		

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