

Application for New Account

REQUEST FOR (please check only one): Open account (Credit Line Requested) _____ Credit Card

Your primary sales are: Retail to the Public Wholesale to the Trade Other

Federal Tax ID# _____ REQUIRED D&B# _____

Company Information

Company Name: _____

Billing Address: _____

Street

City

State

Zip Code

Date Established: _____ Your Business Address is (check one of the following): Residential () Commercial ()

Inside Delivery (check) Yes _____ No _____ Lift Gate Needed (check) Yes _____ No _____

Shipping Address: _____

Street

City

State

Zip Code

Accounts Payable Contact: _____

Business Phone: () _____

Business Fax: () _____ Email: _____

Owner Information

Owner's Name: _____

Home Address: _____

Street

City

State

Zip Code

Corporation: _____

List name, address, and phone # of corporate officers

Partnership: _____

List name, address, and phone # of corporate officers

Sole Proprietorship: _____

Owner's Social Security #: _____

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: _____
Telephone #: _____ Fax #: _____
Fax #: _____
Company Name: _____
Address: _____
Telephone #: _____ Fax #: _____
Fax #: _____

Terms of Sale

Terms - Net 30 from invoice date or Credit Card when order is placed. No C.O.D
Request for credit or exchange of goods will be considered up to 30 days from invoice date. Accounts are due in Brown County, Texas.
Any account in past due status, considered delinquent, is subject to orders being held until past due account is paid.
Prices are subject to change without notice. Should it require legal action to collect the account, all such action will be in Brownwood, Brown County, Texas. Customer is responsible for all legal or collection fees incurred to collect the debt.

Tax Resale / Exemption Certificate (Signature Required)

TAX RESALE / EXEMPTION CERTIFICATE
The undersigned hereby claims an exemption from payment of Limited Sales Tax, Sales Tax Other, Use Tax or Gross Tax on the purchase of tangible personal property described below, or on attached order of invoices which is made a part hereof and purchased from Wall Moulding & Associates, Brownwood, TX 76804. The exemption is claimed because merchandise or property is to be used for resale. Should the purchaser use any or all of the described property for his own use, developing a tax liability on these sales, he assumes full responsibility for the tax and will remit same to their State Comptroller. FOR TEXAS ONLY. Use Tax will be collected on Non-Resale items. This certificate shall be notice and be considered as a part of each order I shall give unless such order shall specify otherwise. This certificate shall be effective until revoked by me in writing to the vender.
PROPERTY: All Merchandise Sold by Wall Moulding & Associates.

Authorized Signature: _____ **Required** **Print Name:** _____
Sales Tax #: _____ **Date:** _____
Required for an account - Attach Copy of Sales Tax Resale License
I (we) authorize the release of credit information for the purpose of establishing a credit account.
I (we) have read this contract, the terms of sale, and have signed the tax/resale exemption certificate
I (we) agree to the terms and conditions of sale and agree to pay invoices in accordance with the Credit Terms

Authorized Signature: _____ **Title:** _____
Print Name: _____
Company Name: _____ **Date:** _____

For Office Use Only - Do Not Write Below This Line

Customer #: _____ Credit Line: _____