

NEW ACCOUNT FORM

ACCT# \_\_\_\_\_

Company name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact 1 \_\_\_\_\_ Cell \_\_\_\_\_ Contact 2 \_\_\_\_\_ Cell \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_ website \_\_\_\_\_

Owner(s) (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Ship Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residential or Commercial Location \_\_\_\_\_ County In Fl \_\_\_\_\_ Years of Business \_\_\_\_\_

ABOVE BUSINESS IS: \_\_\_ Individually owned \_\_\_ a Partnership \_\_\_ a Corporation

Tax Exempt (FL accts.) **yes no** If yes supply copy of DR-13. **Fax** would be the fastest and most preferable way to send or via mail.

Type of work \_\_\_\_\_

(Customer classes: AC aircraft, AM auto/marine, AU automotive, DR drapery, MA manufacturer, MR marine, RF residential furniture)

Date entered on FACTS \_\_\_\_\_ By \_\_\_\_\_ Entered as: Customer Prospect Acct. # \_\_\_\_\_

(Information above required to open account on cash – credit card basis only)

PREFERRED PAYMENT METHOD: \_\_\_\_\_ MASTERCARD/VISA NET 30 COD-COMPANY CHECK CASH/MONEY ORDER

PLEASE COMPLETE THE FOLLOWING FOR COD COMPANY/PERSONAL CHECK & NET 30 ACCOUNTS

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Name on account \_\_\_\_\_ business or personal Account No. \_\_\_\_\_

Required for personal checks: Photocopy of driver's license Home address \_\_\_\_\_

Home Phone \_\_\_\_\_

Three firms from whom you purchase on an open account or COD account.

Name \_\_\_\_\_ Acct # \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Acct # \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Acct# \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

The above information is given for the express purpose of establishing or reviewing a Net 30 or COD account. All information furnished will be held in strict confidence.

THE SIGNATURE BELOW SERVES AS AUTHORIZATION TO THE ABOVE-LISTED REFERENCES FOR RELEASE OF ANY CREDIT & BANKING INFORMATION.

Application is hereby being made by the person(s) or corporation for an account; hereinafter referred to as Customer. Customer agrees to pay ACTION UPHOLSTERY SUPPLY for all authorized purchases by the due date of Invoice. The balance owed to ACTION UPHOLSTERY SUPPLY will become due in full upon default in payment by the Customer. In the event that collection processes become necessary, Customer agrees to pay all collection costs, plus reasonable Attorneys' fees. The following information is furnished as inducement for credit and services to be performed as ordered, subject to general operating policies of ACTION UPHOLSTERY SUPPLY

In consideration of your extending credit at my request, I hereby personally guarantee you payment at Sarasota in the state of Florida of any obligation of the company and I hereby agree to bind myself to pay you any sum of money which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty for indebtedness of the company. I do hereby waive notice of defaults, non-payment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. The signature below serves as authorization for release of any credit information through Credit Reporting Services.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

VISIT US AT: **Actionup.com**