



750 LINDEN AVE
 YORK PA 17404
 Phone: (717) 846-4456
 Fax: (717) 845-5582

NEW ACCOUNT / CREDIT APPLICATION

PLEASE RETURN COMPLETED
 APPLICATION TO YOUR ACCOUNT
 MANAGER OR EMAIL TO
 ACCTREC@YORKWALL.COM OR FAX
 TO 717.845.5582

COMPANY INFORMATION:

FEIN/NATL IDENTIFIER:	
LEGAL NAME:	
TRADE NAME/DBA:	
WEBSITE ADDRESS:	
YEARS IN BUSINESS:	
TYPE OF COMPANY:	<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC Other: _____

	Billing:	Shipping, if different from billing
ADDRESS:		
CITY STATE:		
POSTAL CODE:		
COUNTRY:		
MAIN CONTACT:		
MAIN PHONE NUMBER:		
MAIN FAX NUMBER:		
MAIN EMAIL ADDR:		

ADDITIONAL CONTACTS:

	Owner/Principal	Accounts Payable	Orders/Confirmations	Product Info
NAME:				
TELEPHONE:				
EMAIL ADDRESS:				
CELL PHONE:				
FAX:				

PARENT COMPANY (if applicable):

FEIN/NATL IDENTIFIER:				
LEGAL NAME:				
TRADE NAME/DBA:				
WEBSITE ADDRESS:				
YEARS IN BUSINESS:				
TYPE OF COMPANY:	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> LLC	Other: _____

RESALE TAX EXEMPTION (US shippers only)

TAXABLE - Skip to Page 2
 TAX-EXEMPT - Resale Certificate(s) required

Sales/Use tax compliance is complicated and ever-changing. It is your responsibility to be aware of all tax laws in the states where you conduct business. We recommend discussing sales/use tax compliance with your tax attorney or tax accountant.

In order to honor your resale tax exemption status, we must receive a resale certificate for each jurisdiction where we will ship on your behalf. In order to be sales/use tax compliant, only properly completed, signed, and valid resale tax exemption certificates are accepted.

CREDIT INFORMATION

Account terms:

PREPAY/PROFORMA Skip to page 3

OPEN TERMS Complete this page
(Accounts will be prepay/proforma if information is incomplete)

Estimated Yearly Sales: _____

Credit line requested: _____

BANK REFERENCE:

BANK NAME:		
FULL ADDRESS:		
CONTACT NAME:		
PHONE/FAX NUMBER:		FAX :
EMAIL ADDR:		
ACCOUNT#		ACCOUNT TYPE:
ACCOUNT#		ACCOUNT TYPE:

TRADE REFERENCES:

COMPANY NAME		
FULL ADDRESS:		
CONTACT NAME:		
PHONE/FAX NUMBER:		FAX :
EMAIL ADDR:		

COMPANY NAME		
FULL ADDRESS:		
CONTACT NAME:		
PHONE NUMBER:		FAX :
EMAIL ADDR:		

COMPANY NAME		
FULL ADDRESS:		
CONTACT NAME:		
PHONE NUMBER:		FAX :
EMAIL ADDR:		

COMPANY NAME		
FULL ADDRESS:		
CONTACT NAME:		
PHONE NUMBER:		FAX :
EMAIL ADDR:		

Line of Business:					Choose option that best fits your business model				
<input type="checkbox"/> Dealer	<input type="checkbox"/> Designer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Closeout Only	<input type="checkbox"/> Trade only designer	<input type="checkbox"/> Ace	<input type="checkbox"/> Dec Den	<input type="checkbox"/> Mid America	<input type="checkbox"/> E-commerce*	<input type="checkbox"/> Trade only showroom
<input type="checkbox"/> All Pro	<input type="checkbox"/> RAllen/Duralee Des	<input type="checkbox"/> Rozmallin/Baker Des	<input type="checkbox"/> ECom-drop ship**	<input type="checkbox"/> Closeout Only	<input type="checkbox"/> Access Moore	<input type="checkbox"/> Home Hardware	<input type="checkbox"/> The Network	<input type="checkbox"/> ECom-store only	<input type="checkbox"/> Retailer (see section below)
<input type="checkbox"/> Commercial Purchasing Agent		<input type="checkbox"/> Commercial Specifier							

* If Ecom, choose drop shipping or ship to store only & enter URL: _____

** If E-Commerce and we are drop shipping for you, our IMAP agreement must be completed and signed. See account manager for form.

Retail Segment (check one & only if you chose Retailer above):

<input type="checkbox"/> Airport Stores/Kiosk	<input type="checkbox"/> Direct Mail Catalog	<input type="checkbox"/> Home Specialty Store	<input type="checkbox"/> Off Price/Closeout Store	<input type="checkbox"/> Supermarket/Grocery Store
<input type="checkbox"/> Arts & Crafts Store	<input type="checkbox"/> Educational Store	<input type="checkbox"/> Internet Retail Entity	<input type="checkbox"/> Office Specialty Store	<input type="checkbox"/> TV Home Shopping Retailer
<input type="checkbox"/> Chain Drug Store	<input type="checkbox"/> Fashion Specialty Boutique	<input type="checkbox"/> Mid-Tier Department Store	<input type="checkbox"/> Party Store	<input type="checkbox"/> Toy Specialty/Better Toy Chain
<input type="checkbox"/> Chain Toy Store	<input type="checkbox"/> Gift Retailer	<input type="checkbox"/> Military Exchange Services	<input type="checkbox"/> Regional Discount Retailer	<input type="checkbox"/> Warehouse Club
<input type="checkbox"/> Direct Mail Catalog	<input type="checkbox"/> Greeting Card Store	<input type="checkbox"/> Natl Discount/Mass Retailer	<input type="checkbox"/> Sporting Goods Store	
<input type="checkbox"/> Chain Toy Store	<input type="checkbox"/> Home Improvement Store	<input type="checkbox"/> Non-Chain Paint/ Wallpaper		

In consideration of extension of credit by York Wallcoverings Inc., I agree to pay my account to the terms of the sale stated on my invoices, plus cost of collection, including attorney fees and costs should legal action be required. By signing this application, applicant authorizes York Wallcoverings, Inc. to investigate and confirm information supplied in this application and report applicant's credit experience to proper parties, including credit-reporting agencies.

Name of authorized signatory

Title of authorized signatory

Signature of authorized signatory

Date

In accordance with the Federal Credit Opportunity Act, York Wallcoverings, Inc. does not discriminate against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age. If upon review, credit is denied, applicant has the right to request in writing within 60 days the reasons for denial of credit.

York use only:	ACCT MGR: _____	PREF STATUS: _____	ISS: _____
Acct Type:	CDR COM CON DIR DLR FOR	ROM RNT	
	ECOM: YES NO IMAP: YES NO		

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