



New Account Credit Application / Confidential

SALES REP / AGENT

750 Linden Avenue, York, Pennsylvania 17404
Phone: (717) 846-4456 Fax: (717) 843-8167

Date: _____

Business Name: _____ Phone # _____

Billing Address: _____ Fax # _____

City _____ State _____ Zip _____ Email: _____

Accounts Payable Contact: _____ Phone # _____ Fax# _____

Retain Segment (check one):

- ___ Airport Gift & Other Airport Stores ___ Hobby & Model Stores ___ Non-Chain Paint & Wallpaper Retailers
___ Art & Craft Stores ___ Home Improvement Stores ___ Non-Mall Clothing Specialty Stores
___ Chain Book Stores ___ Home Specialty Stores ___ Novelty Gift Stores
___ Chain Comic Book Stores ___ Internet Retail Entity ___ Off Price / Closeout Stores
___ Chain Drug Stores ___ Mall Clothing Specialty Stores ___ Office Specialty Stores
___ Chain Toy Stores ___ Mall Kiosks ___ Party Stores
___ Direct Mail Catalogs ___ Mid-Tier Department Stores ___ Regional Discount / Mass Retailers
___ Direct Response ___ Military Exchange Services ___ Sporting Good Stores
___ Educational Specialty Stores ___ Music / Video Stores ___ Supermarket / Grocery Store
___ Electronics Stores ___ National Discount / Mass Retailers ___ Television Home Shopping Retailer
___ Fashion Accessory Stores ___ Non-Chain Book Stores ___ Toy Specialty / Better Toy Chain Stores
___ Fashion Specialty Boutiques ___ Non-Chain Comic Book Stores ___ Warehouse Clubs
___ Gift Retailers ___ Non-Chain Drug Stores
___ Greeting Card Stores ___ Non-Chain Toy Stores

Shipping Address: _____

City _____ State _____ Zip _____

Wall Coverings Contact: _____ Phone # _____

Est. Wallcoverings Sales: _____ Requested Credit Line _____

Invoice required for each order? ___ Yes ___ NO

Name of Parent Company: _____ Years In Business _____

(if subsidiary) Date Incorporated _____

Is Company: Corporation ___ Sub Chapter S ___ Proprietorship ___ Partnership ___

Principle of Company _____

Bank Reference _____ Address _____ City _____ State _____

Contact _____ Phone # _____ Fax # _____

Account # _____ Type of Account _____

Account # _____ Type of Account _____

Trade Reference

Name _____	Phone # _____	Fax # _____
Address _____	City _____	State _____
Name _____	Phone # _____	Fax # _____
Address _____	City _____	State _____
Name _____	Phone # _____	Fax # _____
Address _____	City _____	State _____
Name _____	Phone # _____	Fax # _____
Address _____	City _____	State _____

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.

IMPORTANT NOTICE:

In order to honor your resale tax exemption status, we must receive a copy of your State's **RESALE TAX EXEMPTION** form along with this Credit Application.

Name of Applicant

Company Name

Signature

Title

Date

In accordance with the Federal Credit Opportunity Act, York Wallcoverings 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.