



# New Account 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):

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

**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

\* Orders less than \$250.00 must be prepaid by Visa or Mastercard.