



BILL TO & SHIP TO INFORMATION

Bill To	Ship To
Contact:	Contact:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Existing Customer Existing Customer Account #: _____

CONTACT INFORMATION

<i>Owner Contact</i>	<i>President Contact</i>
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:
<i>Accounting Contact</i>	<i>Product & Marketing Contact</i>
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:
<i>Shipping Contact</i>	<i>Designer Contact</i>
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:
<i>Designer Contact</i>	<i>Designer Contact</i>
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

*If you have multiple ship-to locations and/or staff than spaces provided, please provide a list of locations with names, addresses and phone numbers and contact information. Tax resale numbers may be required for each ship-to location



GENERAL INFORMATION

Type of Account - Please check all that apply

- | | | |
|-------------------------------------------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decorative Plumbing Showroom | <input type="checkbox"/> OEM Furniture | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Kitchen & Bath Showroom | <input type="checkbox"/> OEM Cabinets | <input type="checkbox"/> E-Commerce |
| <input type="checkbox"/> Retail - Other (co-op, lumberyard, etc.) | <input type="checkbox"/> Retail - Big Box | <input type="checkbox"/> Other |

Buying Group: _____ Bill through? Yes No

Year established present business: _____

If subsidiary, parent company name: _____

State in which formed/incorporated: _____

Form of Business

- Proprietorship Partnership Corporation Limited Liability Company

Competitive Lines Carried

- Cabinet Hardware Security Hardware Door Hardware Functional Hardware

E-Commerce

Need web data & images: Yes No

Webmaster Name: _____

Email: _____

Phone: _____

Marketing

Newsletter?

Banner Ads?

Email Blasts?

Collateral?

Sales Tools

of design desks: _____

of binders needed: _____

TERMS & CREDIT

Permission is herewith granted to obtain credit information from all listed references, including my bank. All financial information submitted in support of this new account and credit application is true and complete in all respects. My account is subject to a late charge of 1.5% per month (18% per annum) on all past due invoices (or, if less, the maximum permitted by law). Furthermore, I understand that my orders will not be shipped if (any of) my account is past due and that any collection fees (including attorney's fees) and the related costs will be applied to my account. I have received a copy of Belwith Products, LLC Terms of Sale and agree to abide by them, and as they may be amended from time to time, with or without notice, I further agree that any line of credit desired or approved is not a limitation of liability. I assume personal and individual responsibility and liability, and guarantee payment of all charges due and payable to Belwith Products, LLC by the company or corporation listed herein.

Initial _____

BANK REFERENCES

Bank Name:	Phone:
Bank Contact:	Fax:
Bank Account #:	

BUSINESS REFERENCES (Distributors, Suppliers preferred)

PLEASE ATTACH 3 BUSINESS REFERENCES.

The undersigned hereby consent(s) to Belwith Products, LLC use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Belwith Products, LLC to utilize a proprietor(s), and/or guarantor(s) in connection with the extension consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this application. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit reporting Act as contained in 15 U.S.C. 1681 et. Seq.

Initial _____

**If you have any questions about this form, please e-mail us at customerservice@belwith.com or call 1-800-235-9484 Ex 4236. Ask for Debbie.



RESALE EXEMPTION CERTIFICATE

Belwith Products, LLC is required by law to have on file a current Resale Exemption Certificate to exempt your purchases from state and local sales tax. Please complete the multi-jurisdictional Sales and Use Tax Resale Products, LLC must assume that tax should be applied to all purchases made by your company.

WHEN SUBMITTING YOUR APPLICATION, PLEASE UPLOAD THE FOLLOWING DOCUMENTS

- Exemption Certificate
-Federal Tax ID (EIN) Information
-Valid State, County, or City Business License
-Valid State Resale Certificate or License

APPLICATIONS SENT WITHOUT A COMPLETED UNIFORM SALES & USE TAX CERTIFICATE OF EXEMPTION (SALES TAX FORM) FOR EACH JURISDICTION AVAILABLE, WILL NOT BE PROCESSED.

FOR INTERNAL USE ONLY

CREDIT TERMS

Table with 2 columns: Requested Credit Limit, Approved Credit Limit, Payment Terms, Freight Terms, Accept Backorders, Unique Credit Situation.

ALLOWANCE %

Table with 2 columns: Display, Rebates, Functional, Other, Co-Op.

DISCOUNT STRUCTURE/COMMISSION

Table with 2 columns: Sales Agency, Commission Rate, Price List Discount, Sales Person, Hickory, Belwith-Keeler.

APPROVALS:

Table with 2 columns: Regional Sales Manager, Date, National Director of Sales, Date, Date Submitted, Customer #, Credit Department, Date.