

MAXWELL FABRICS & TELAFINA
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## **Account Application**

For Office Use Only	<u> </u>		
Account #:	Terms:	<u> </u>	
City:	State:	Zipcode:	
Telephone #:	Fax #:		
General Email:			
Accounting Email:			
Primary Contact:			
Ship to Address (if different from	m billing address):		
I/(we) have a re	$\frac{1}{2}$ (please check applicable box and sale number(s). I have enclosed a sign ve a resale number(s). Please includes	gned resale certificate.	_
with published terms decided be true and complete. We h limited to trade credit referen guarantee to pay all invoices due to non-payment, we agre	d affirm financial responsibility, abili by the sole discretion of Maxwell Fatereby authorize you to verify and nees, bank references, consumer an associated with this account. In the entry to pay all collection costs and continuation of credit shall be in the	brics Inc. The above information collect information on us, in ad/or commercial credit report event that collection process be legal fees. We agree that a	n is warranted to ncluding but not is. We personally ecomes necessary Il decisions with
I do not want te	rms. Please create my account as Pr	oforma.	
Signature:	Da	te:	
Print Name:			-

<sup>1</sup>Sales tax is based upon the "ship to" address. If you are shipping product out of the state in which you are registered ("home state"), we may be required to charge sales tax. If the product is being finished and shipped back into your home state, please let us know the final destination address and we can support not charging sales tax.

<sup>2</sup>Please be advised that Maxwell Fabrics Inc. does not extend terms of COD. Maxwell Fabrics Inc. does accept VISA, Mastercard and American Express. We also accept check by fax/phone up to \$5,000.