Trade Application

Name & Billing Information

Required section				
Last Name First Name				
Business Title				
Name of Business				
Billing Address:				
City	State	Zip Code		
Phone	Tax ID			

Company Information

Required section				
ype of Business In Business Since				
Legal Form under which I	Business Operates:			
Corporation O	Partnership 🔘	Proprietorship 🔵		
If Division/Subsidary, Nar	me of Parent Company:			
In Business Since:				
Name and Title of Compa	any Principal Responsible	for Business Transaction		
Business Address				
City	State	Zip Code		
Phone				

Trade Application

Shipping Information

Required section

Address			
Building or Suite Number			
City	State	Zip Code	
Phone			
Shipping Note(s)			

Select here if the billing address and shipping address are the same

Carrier Information*

Required section

Carrier Name

Carrier Account Number (if applicable)

Contact Information if not a Common Carrier

Name

Phone

Email

*Olivia + Quinn operates as a 3rd party carrier. The carrier will be contacted for pick ups on your behalf. Freight charges and claims are to be settled between freight carriers and customers.

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Payment Information

Required section Select **one** of the following

Payments via mail

Checks should be made payable to: Olivia + Quinn

Mailing Address:

Olivia + Quinn

PO Box 236

Hickory, NC 28603

Payments via ACH

ACH information sent upon request; payments are initiated with your banking institution

Payments via credit card

4% processing fee for all card payments (credit & debit). Upon invoicing (furniture has shipped), you will be notified with confirmation before payment is processed with the card on file. If no response is received within **5** business days, payment will be processed with the card on file. Credit card form located at the end of the application

Invoicing Information

Contact Name/Department

Email

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Bank References

Required if pursuing terms

Institution Name		
Checking Account Number		
Address		
City	State	Zip Code
Phone		
Institution Name		
Checking Account Number		
Address		
City	State	Zip Code
Phone		
Institution Name		
Checking Account Number		
Address		
City	State	Zip Code
Phone		

Trade Application

Trade References

Required if pursuing terms

Company Name		
Contact Name		
Address		
City	State	Zip Code
Phone		
Account Opened		
Credit Limit	Current Bala	ince

Company Name		
Contact Name		
Address		
City	State	Zip Code
Phone		
Account Opened		
Credit Limit	Current Balance	

Trade Application

Trade References

Required section if pursuing terms

Company Name		
Contact Name		
Address		
City	State	Zip Code
Phone		
Account Opened		
Credit Limit	Current Bala	ance

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature			
Date			

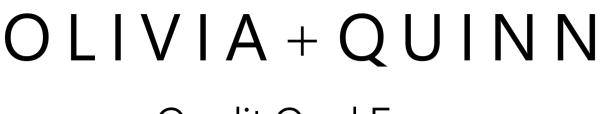
Trade Application

Contact Information

Office	Phone	828-405-0410				
Accou	nting	finance@oliviaar	ndquini	n.com		
Wareh	ouse Address	502 W 25t	h St			
City	Newton		State	NC	Zip Code	28658
Gener	al Mailbox	PO Box 23	6			
City	Hickory		State	NC	Zip Code	28603

Website	oliviaandquinn.com
Instagram	oliviaandquinn
General Email	info@oliviaandquinn.com
POs*	finance@oliviaandquinn.com
Claims	Contact customer service

Purchase orders may be sent to finance@oliviaandquinn.com, the sales representative, and/or the local customer service representative



Credit Card Form

Required if paying via credit card

Account Name		
Name on Card		
Card Number		
Expiration Date	CVV/Se	ecurity Code
Address		
City	State	Zip Code

By signing below, I agree the above listed information is correct, and allow Olivia + Quinn to charge the above listed card. I understand all card payments (credit & debit) have a <u>4%</u> processing fee.

Print Name			
Signature			
Date			