

NEW ACCOUNT QUESTIONNAIRE

Thank you for your interest in opening an account with The Howard Elliott Collection. In order to be sure that we get your account set up quickly and properly, we would appreciate if you could please answer a few questions:

- 1. What type of business are you?
- 2. Do you sell any products online?
 - a. We require all online retailers to sign our IMAP forms and be approved prior to selling our product online
- 3. Do you have a brick and mortar store? Design Studio? Online/Website Only?
- 4. How did you hear about us?

In order to get everything moving along quickly, we will need the following information from you:

- 1. Please fill out and sign the attached new account forms
- 2. Send us a copy of your re-sale certificate
- 3. If you will be requesting terms, please be sure to provide at least 3 references
 - a. Our ability to extend credit terms is determined in many cases by how quickly your credit references get back to us.
- 4. If you will be paying via credit care, please fill out the attached credit card authorization form.
 - a. Check the box indicating that you would either like your card kept on file for future use or that you would like to authorize each transaction.
- 5. Please sign a copy of our terms and conditions indicating that you understand our policies.

GO GREEN!! Be sure to give us your email address so that we can send your order confirmations, invoices and other correspondence electronically!

We are looking forward to working with you! Please contact us at anytime a 630.871.1122 or sales@howardelliott.com



NEW ACCOUNT APPLICATION

REVISED 10-2015

Complete sections 1-3 if you are not requesting credit terms Complete sections 1-6 if you are requesting credit terms PLEASE PRINT

	Legal Business Name:	DBA:		
	Billing Address:	Shipping Address:	· · · · · · · · · · · · · · · · · · ·	
	Street:	Street:		
	City, State, Zip:	City, State, Zip:		
	Phone: Fax:	Phone:	Fax:	
:	Business Type: () Partnership () General () Limited () Corporation			
	Principal Name:	_ Phone:	Fax:	
	Email:		Preferred Contact Metho	d: () Phone () Email
	Buyer Contact:	_ Phone:	Fax:	
	Email:		Preferred Contact Metho	d: () Phone () Email
	Accounts Payable:	Phone:	Fax:	
	Email:			
ļ				
	Limit Charge Amount: () YES () NO Maximum Charge Amount: Restrict Authorized Card Users: () YES () NO Allowed Users:			
	PLEASE FILL OUT ATTACHED CREDIT CARD AUTHORIZATION FORM	1.		
	Are You Tax Exempt?: () YES () NO State Resale Certif	ficate #:		
		icate #:		
	Are You Tax Exempt?: () YES () NO State Resale Certif **IF YES, PLEASE ATTACH A COPY OF YOUR STATE RESALE CERTIF	ficate #:		
	Are You Tax Exempt?: () YES () NO State Resale Certif **IF YES, PLEASE ATTACH A COPY OF YOUR STATE RESALE CERTIF PLEASE PROVIDE BANK REFERENCE IF APPLYING FOR CREDIT TELE	ricate #: ICATE** RMS _ Phone:	Fax:	
	Are You Tax Exempt?: () YES () NO State Resale Certif **IF YES, PLEASE ATTACH A COPY OF YOUR STATE RESALE CERTIF PLEASE PROVIDE BANK REFERENCE IF APPLYING FOR CREDIT TE Bank Name: Address: Ci Account #:	ficate #:	Fax:):
	Are You Tax Exempt?: () YES () NO State Resale Certif **IF YES, PLEASE ATTACH A COPY OF YOUR STATE RESALE CERTIF PLEASE PROVIDE BANK REFERENCE IF APPLYING FOR CREDIT TE Bank Name: Address: Account #: TERMS - CREDIT TERMS ARE NET 30 DAYS AND ARE SUBJECT TO A I/We understand and agree that the information provided it true and accura accounts or monies due to The Howard Elliott Collection shall be pain in a of collection in addition to any court costs and/or attorney fees incurred. I/A information pertaining to my/our credit history. I/We further authorize invest	icate #:	Fax:Zip	o: rstand and agree that all pay all reasonable costs
	Are You Tax Exempt?: () YES () NO State Resale Certif **IF YES, PLEASE ATTACH A COPY OF YOUR STATE RESALE CERTIF PLEASE PROVIDE BANK REFERENCE IF APPLYING FOR CREDIT TE Bank Name: Address: Ci Account #: TERMS - CREDIT TERMS ARE NET 30 DAYS AND ARE SUBJECT TO A I/We understand and agree that the information provided it true and accura accounts or monies due to The Howard Elliott Collection shall be pain in a of collection in addition to any court costs and/or attorney fees incurred. I/V information pertaining to my/our credit history. I/We further authorize investigations.	icate #:	Fax:Zip	o: rstand and agree that all pay all reasonable costs
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	Are You Tax Exempt?: () YES () NO State Resale Certif **IF YES, PLEASE ATTACH A COPY OF YOUR STATE RESALE CERTIF PLEASE PROVIDE BANK REFERENCE IF APPLYING FOR CREDIT TE Bank Name: Address: Account #: TERMS - CREDIT TERMS ARE NET 30 DAYS AND ARE SUBJECT TO A I/We understand and agree that the information provided it true and accura accounts or monies due to The Howard Elliott Collection shall be pain in a of collection in addition to any court costs and/or attorney fees incurred. I/I/ information pertaining to my/our credit history. I/We further authorize inves By: Authorized Agent Signature Name & Title	icate #:	Fax: State: Zip ining credit. I/We further under ms stated above and agree to all credit references and authoredit reports.	rstand and agree that all pay all reasonable costs orize creditors to release Date:
	Are You Tax Exempt?: () YES () NO State Resale Certif **IF YES, PLEASE ATTACH A COPY OF YOUR STATE RESALE CERTIF PLEASE PROVIDE BANK REFERENCE IF APPLYING FOR CREDIT TE Bank Name: Address: Account #: TERMS - CREDIT TERMS ARE NET 30 DAYS AND ARE SUBJECT TO A I/We understand and agree that the information provided it true and accura accounts or monies due to The Howard Elliott Collection shall be pain in a of collection in addition to any court costs and/or attorney fees incurred. I/I information pertaining to my/our credit history. I/We further authorize inves By: Authorized Agent Signature By: Authorized Agent Signature By: Authorized Agent Signature Name & Title GUARANTEE I/We, the undersigned, do hereby guarantee payment, as individuals, of ar with the above agreement and all its terms & conditions.	icate #:	Fax: State: Zip ining credit. I/We further under ms stated above and agree to all credit references and authoredit reports.	rstand and agree that all pay all reasonable costs orize creditors to release Date:
	Are You Tax Exempt?: () YES () NO State Resale Certif **IF YES, PLEASE ATTACH A COPY OF YOUR STATE RESALE CERTIF PLEASE PROVIDE BANK REFERENCE IF APPLYING FOR CREDIT TE Bank Name: Address: Account #: TERMS - CREDIT TERMS ARE NET 30 DAYS AND ARE SUBJECT TO A I/We understand and agree that the information provided it true and accura accounts or monies due to The Howard Elliott Collection shall be pain in a of collection in addition to any court costs and/or attorney fees incurred. I/I information pertaining to my/our credit history. I/We further authorize inves By: Authorized Agent Signature By: Authorized Agent Signature By: Authorized Agent Signature RYANTEE I/We, the undersigned, do hereby guarantee payment, as individuals, of an	icate #:	Fax: State: Zip ining credit. I/We further under ms stated above and agree to all credit references and authoredit reports.	rstand and agree that all pay all reasonable costs orize creditors to release Date: Date:



CREDIT CARD AUTHORIZATION For Orders & Invoices

EVISED 10-2015

Please fully complete the form. Your transaction / order may be delayed if the form is not correctly filled out. $PLEASE\ PRINT$

l,		
from the company name		Account #
hereby authorize The Howard	d Elliott Collection, Inc to charge my cre	edit card in the amount of
\$ for	merchandise purchased and shipped/o	r waiting to be shipped to us for
order / invoice / purchase ord	der #	
	-House Credit for returned items will ed or defective items will be reported	
I would like freight to be	sent via my 3rd party account. Account *** Our preferred carriers are FedEx & UPS. Routing	#carrier_ instructions are required for alternative shipping methods.
I would like freight to be	sent prepaid and added to my merchan	dise total
I would like this card to b	be kept on file to use for future orders.	
I would like to authorize	each transaction. *this could cause a de	elay in shipping*
Card Type: () MasterCard	() Visa () American Express ()	Discover
Card Number:		
Expiration Date:	Security Code:	
Name as it Appears on the C	credit Card: te name on the card is in the name of a corporation or other	business entity, please print the authorized signer's name
Credit Card Billing Address:_		
Cardholders Signature:		Date:

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TERMS & CONDITIONS

Orders

How to place an order:

(We do not take orders over the phone)

- Online at www.howardelliott.com
- Fax: 630-871-1258
- Email: sales@howardelliott.com
- Our order form can be found under the terms section of www.howardelliott.com

Required Information for All Orders:

- 1. Customer Number: Alphanumeric number including 4 letters and 4 numbers
- 2. Purchase Order # if you do not provide one, we will use the current date e.g. 042515
- 3. Ship to Address: Please note if it is a residential address. (NOTE: residential deliveries may incur higher shipping charges)
- 4. If residential, please indicate whether or not a lift gate will be necessary.
- 5. Required Date: the date when your shipment must leave our facility. We will make every effort to meet this date.
- 6. Ship Method & Carrier: Please indicate whether you require expedited shipping. (Expedited shipping will incur additional charges). All shipments will be sent via FedEx/UPS Ground or Freight. If you would like a different carrier, you must provide your 3rd party information.
- 7. Ship Complete: if you do not indicate that your order must ship complete, we will ship as ready.

Handling Fees:

All orders under \$500 will incur the following handling fees:

- \$10 for shipments via small parcel Fed Ex/UPS.
- \$30 for all LTL Shipments

Order Status:

You may check your order status:

- · Online at www.howardelliott.com
- Email a request to sales@howardelliott.com
- Calling Customer Service at 630-871-1122
- Please allow 1-2 business days for your order to be entered and processed. Unless otherwise noted on your order, available goods will ship within 2-3 business days of order entry.

Cancellations:

- · ALL cancellation requests need to be received 2 business days prior to the ship
- · Requests made the same day as the ship date will NOT be accepted.
- ALL cancellation requests MUST be submitted in writing via fax: 630-871-1258 or email

- sales@howardelliott.com.
- Cancellations are confirmed ONLY when HEC replies to cancellation request and confirms the cancellation. If cancellation request is made after the shipment of your order, return of the order will be subjected to a 25% restocking fee and shipping charges/fees incurred.

Shipping:

HEC shops for the best shipping rates before we ship your order. Freight rates are determined by the weight and dimensions of each package. Residential shipments and those requiring special services will incur additional freight charges. All orders will be shipped as ready unless your order is marked SHIP COMPLETE.

All shipments originate from our main warehouse in: Addison, IL 60101 HEC Ships via the most cost effective common carrier.

- All shipments that require special services such as lift gate at the time of delivery will be subjected to extra fees at the time of invoice. These services must be indicated at the time of the order placement.
- · LTL shipments will be invoiced at the rate of \$166 or 10% of your invoice amount, whichever is higher.
- PLEASE INSPECT ALL SHIPMENTS WHEN THEY ARRIVE FOR EXACT COUNT AND DAMAGES PRIOR TO SIGNING FOR YOUR PACKAGES, FAILURE TO DO SO MAY RESULT IN DELAY OR DENIAL OF YOUR RETURN/CREDIT REQUEST.

Returns:

ALL RETURNS REQUIRE FACTORY AUTHORIZATION.

- You may request an RA# via email: claims@howardelliott.com or fax 630-871-1258.
- Clearly mark this RA# on your return.
- All products being returned must be shipped in original packaging.
- We recommend that your return package **Office Hours:**
- Buyer's remorse returns will incur a 25% re-stocking fee.
- · Credits will not be issued for returns that arrive damaged at our facility.
- · All credits will be in the form of IN-HOUSE CREDIT ONLY after the merchandise has been inspected by HEC.

Damaged Returns:

- Please report all damages and shortages within 10 business days of receipt to claims@howardelliott.com or via fax 630-871-1258.
- Our claim forms can be found under the

- terms section of www.howardelliott.com.
- Please note on the delivery receipt, in the presence of the driver, any visible damage to the product or packaging. If the damage is concealed or not noticed until after the driver has left, please provide the following information:
 - Order #
 - Item #
 - Description of damage
 - · Pictures of damage and packaging.
 - Whether or not a Replacement is requested. (A replacement will NOT be sent unless requested.)
- HEC is NOT responsible for filing claims for items damaged shipped via your 3rd party account.
- HEC is NOT responsible for any charges incurred by customer due to 3rd party services used by the customer for storage or delivery of product.

Payments:

We accept the following forms of payment. Please note that new accounts default to credit card terms unless other terms have been requested.

- Credit cards we accept MC, VISA, DISCOVER and AMEX
- Check and Wire Transfers- these are considered forms of PREPAYMENT and your order will not be filled until they are received.
- Returned checks will be charged a \$35 fee.

Terms:

- Qualified customers may be eligible for terms. Please provide credit references in order to be considered.
- Send your credit references via email to dwitkowski@howardelliott.com or via fax to 630-871-1258.
- For all payment inquiries, please email dwitkowski@howardelliott.com.

Custom Workroom:

• To order a Custom Item, please submit your request via fax (630) 871.1258 or e-mail: sales@howardelliott.com

 Monday - Friday 8:00am - 5:00pm Central Time

Please sign and date indicating that you have read and understand our terms & conditions: