



Business Account Application

APPLICATION MUST BE COMPLETED FULLY, IN ORDER TO BE PROCESSED

Sales Representative Name: Dave Grover

Applicant Information

Full Name:	Title:		
Type of account applying for: ☐ COD ☐ Prepaid			
Address:			
City:	State:	Zip Code:	Phone:

Business Information

Legal Business Name:	DBA (If Applicable):
Established:	Prospective Credit Amount Requesting:
Business Registered As: ☐ Corporation ☐ Partnership ☐ LLC ☐ Inc. ☐ Sole Proprietor ☐ Non Profit	
Business Type: ☐ Retailer ☐ Wholesaler	
Registered in the State of:	Estimated Annual Sales:
FEIN:	
Resale Tax ID # (Please submit copy of certificate):	

Shipping/Billing

Shipping Address	Billing Address (Check If Same As Shipping Address ☐)
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Tel: Fax:	Tel: Fax:
Cell:	Cell:
Receiving Hours:	Office Hours:
Email Address:	Email Address:
Special Instructions:	Website:

Please Note: Your credit application will not be processed if you do not include your a Resale Tax Certificate.

Additional Contacts

Please complete the information below this will allow us to contact your team and references properly. Accurate and timely communication is an essential part of our business together. Please note, 802 Cabinetry does not mail invoices, it's important that we have the correct information for your Accounting Department if applicable.

Designated Department Contacts

	Accounting	Ordering	Designer
Contact Name:			
Telephone:			
Email Address:			

Trade References (Provide Details For At Least Two Company)

	Company 1	Company 2	Company 3
Company Name:			
Address:			
City, State, Zip:			
Contact Person:			
Telephone:			
Email Address:			
Acct #: (If Applicable)			

Bank References (Provide Details For At Least One Bank)

	Bank 1	Bank 2
Bank Name:		
Address:		
City, State, Zip:		
Contact Person:		
Telephone:		
Checking Acct #:		
Routing #:		