

# NEW DEALER ACCOUNT FORM



Date: \_\_\_\_\_

## COMPANY INFO

Comapny Name			
Billing Address		Shipping Address	
City/State		City/State	
Zip Code		Zip Code	
Hours of Operation		Receiving Hours	

## CONTACT INFO

Contact Name	
Contact Email	
Contact Phone	
Website	

## CREDIT CARD INFO

Name on Card					
Card #					
Expiration Date		CSC Code		Billing Zip Code	

## BUSINESS INFO

Resale #/Tax ID		Issuing State		
Primary Type of Buisness	K&B Showroom Builder/Contractor Other _____			
Number of store locations				
Number of years in business				
Please list other cabinetry brands you sell:				
1. 4.				
2. 5.				
3. 6.				
Email completed form to:			For Office Use	

<a href="mailto:sales@wr-cabinetry.com">sales@wr-cabinetry.com</a>			Only:	
			Account Number	
			Account Rep	

*Standard Terms:*  
*50% Deposit to place order. Balance due when order is complete, and prior to shipping.*  
*Card will be kept on file and will be charged for deposit and balance, unless other payment arrangements are made.*