

Signature

Direct Number: 541-673-3351 x276

Toll-Free: 800-322-7328 Fax: 541-440-8210

CUSTOMER SET-UP

Date

Company Name				
Compa	ny Street Address			
Compa	ny City / State / Zip			
 Compar	ny Phone Number	Company Fax Number		
Contact	Name/ Job Title			
Contact	Work Phone Ext #	Additional Phone Number		
Contac [*]	t Email Address			
A/P Email Address				
PLEASE CHOOSE YOUR PAYMENT TERMS				
	 50% down, Proforma (1% discount on furniture) 50% deposit required to enter order into production. Balance is due 1 week before order ships. 			
	 50% down, Net 30 (credit app required, attached) 50% deposit is required to enter order into production. Credit application must be filled out to receive Net 30 terms 	on the BALANCE of the order.		

Title



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ACCOUNTS RECEIVABLE

Company Name		Former Trade Names	
Company Mailing Address			
City	State/ Zip	Company Phone Number	
Company Est. Since	Business Type	At this location since	
Federal Tax ID Number		Proprietorship Partnership	
Sales Tax Exempt Number (Please attach copy of resale certificate)	Corporation	
Primary Contact Name		Primary Phone Number	
Primary Address (City/ State / Zip)		Primary Email Address	
Secondary Contact Name		Secondary Phone Number	
Secondary Address (City/ State / Zip)		Secondary Email Address	
Bank Name	Bank Address (City/ State / Zip)	Bank Phone Number	
Reference Name (1)	Address (City/State/Zip)	Phone Number	
Email Address		Account	
Reference Name (2)	Address (City/State / Zip)	Phone Number	
Email Address		Account	
Reference Name (3)	Address (City/State / Zip)	Phone Number	
Email Address		Account	
pay your invoices according to yorate allowed by law and agree to 8452 Old Hwy 99 N Roseburg, OF	our terms. We understand that a service charge very pay such service charges when billed. All payme	mmitments we have made or may make and we will will be assessed on past due invoices at the highest ents will be made to FCC Commercial Furniture, Inc. n action that may be brought on this account. In the	
Signature	Title	Date	