

300 Wireless Blvd., Hauppauge, NY 11788  
 TEL: 631-231-5959 800-937-1055  
 FAX: 631-231-5034 800-937-0006  
 www.decormoulding.com

7040 Battle Drive NW, Kennesaw, GA 30152

# New Account Form

For Office Use Only	
Account No.: _____	Credit Line: _____
Approved By: _____	Date: _____

**Company Name** \_\_\_\_\_ **Date** \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 (Area Code) Phone (Area Code) Fax **E-Mail Address** \_\_\_\_\_

**Billing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_

Check One (✓) \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Yrs. In Business \_\_\_\_\_

Business Type (✓) \_\_\_\_\_ Retail \_\_\_\_\_ Retail Chain \_\_\_\_\_ Distributor \_\_\_\_\_ OEM \_\_\_\_\_

**Owner or Officer** \_\_\_\_\_  
 Owner/Principal \_\_\_\_\_ Street (Home Address) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Accounts**

**Payable Contact** \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**Bank** \_\_\_\_\_  
 Bank \_\_\_\_\_ Acct. No \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Principal Trade Suppliers Only**

**Supplier 1** \_\_\_\_\_  
 Acct. No \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Supplier 2** \_\_\_\_\_  
 Acct. No \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Supplier 3** \_\_\_\_\_  
 Acct. No \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Check One Approximate Number of Employees: Check One (✓) \_\_\_\_\_ 1-3 \_\_\_\_\_ 4-8 \_\_\_\_\_ 9-15 \_\_\_\_\_ 15-25 \_\_\_\_\_ Over \_\_\_\_\_

Credit Limit Requested \$ \_\_\_\_\_ **OR** None - Credit Card **State Tax ID Number** \_\_\_\_\_

I (We) hereby certify that the above information is true, correct and complete. I (We) hereby authorize such credit inquiries as may be deemed necessary to confirm and investigate my (our) income, liabilities, credit and financial responsibility. I (We) hereby consent to the release and disclosure to Decor Moulding Ltd. and/or Southern Moulding LLC of the above information sought by those inquiries.

**PLEASE ALLOW 2-3 WEEKS FOR PROCESSING OF CREDIT APPLICATION**

WE AGREE TO ADHERE TO ALL TERMS AND CONDITIONS OF THE COMPANY. IN THE EVENT OF DEFAULT OF PAYMENT, THE CUSTOMER AND I SHALL BE HELD RESPONSIBLE FOR ANY OUTSTANDING BALANCE AND WE SHALL PAY FOR ALL COSTS OF COLLECTION, INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES AND COLLECTION FEES. All accounts are subject to approval from the Credit Department. A Finance charge of 1 1/2% (18% Annually) will be charged on past due balances.

**Owner/Principal Signature** \_\_\_\_\_