

Credit Application

(* Denotes required information)

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Shipping Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Telephone #: _____ Fax #: _____ Email: _____

Type of Company: (Check one): Proprietorship Corporation Partnership

Year Established: _____ Resale Certificate #: _____

If Proprietorship or partnership, Social Security # of Owner(s): _____

If Corporation, Federal Tax ID #: _____ State of Incorporation : _____

Type of Organization (Check one that best represents your company):

Furniture Store Specialty Store E-commerce

Department Store Contract Design Hospitality

Home Accent Store Interior Decorator/Designer Office Furnishings

Other—Specify: _____

Trade References

Lyons # and Rating: _____

Name: _____ Phone #: _____ Fax #: _____

Address: _____ Account #: _____

City: _____ State: _____ Postal code: _____

Contact person: _____ Contact Email: _____

Name: _____ Phone #: _____ Fax #: _____

Address: _____ Account #: _____

City: _____ State: _____ Postal code: _____

Contact person: _____ Contact Email: _____