

BUSINESS AND CREDIT INFORMATION

Legal Name

DBA Name (If any)

How long in business?

Ship to Address

Bill to Address

Phone

Sole Proprietorship

Corporation

Fax

Partnership

Other _____

Lift Gate Required? Yes No

Tax ID Number

BUSINESS CONTACT INFORMATION

Name

Accounts Payable Contact

Title

Phone

Phone

Email

Fax

Showroom Contact

Phone

Email

BUSINESS/TRADE REFERENCES

Company Name

Address

Email

City, State, Zip

Fax

Company Name

Address

Fax

City, State, Zip

Email

Company Name

Address

Fax

City, State, Zip

Email

AGREEMENT

1. If approved, customer agrees to pay all invoices within thirty days from date of invoice.
2. Claims arising from invoices must be made within thirty days from date merchandise was received.
3. By submitting this application, you authorize Strasser Woodenworks to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature

Signature

Name and Title

Name and Title

Date

Date