

# NEW ACCOUNT APPLICATION



Thank you for choosing DESIGN/CRAFT® FABRIC CORPORATION as your supplier. It may take several weeks for us to receive all credit information from supplied trade references to properly process a credit application. To insure against any delay in processing your orders please complete, sign and return this form as soon as possible. **ATTN: Credit Department.** Thank you.

*Please print or type.*

## **BUSINESS ADDRESS**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip + 4 Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

## **BUSINESS TYPE** (Check One)

Sole Proprietorship     Partnership     Corporation    Number of years in business: \_\_\_\_\_

## **DELIVERY ADDRESS** (If different than above)

Company Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip + 4 postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

If you have more than one delivery address, please list on separate page and attach.

## **KEY PERSONNEL**

Name & Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name & Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name & Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name & Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## **If you are a division or subsidiary of another company, please supply the following information.**

Parent Company Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip + 4 postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

## **If sole proprietorship or partnership, please show names and home addresses of owners.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip +4 Postal Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

SS#: \_\_\_\_\_ SS#: \_\_\_\_\_

DESIGN/CRAFT® FABRIC CORPORATION  
2230 RIDGE DRIVE  
GLENVIEW, IL 60025  
Tel: 847-904-7000 • FAX: 847-904-7102  
[www.design-craft.com](http://www.design-craft.com)

Sales Person: \_\_\_\_\_

Group#: \_\_\_\_\_

**AUTHORIZED SIGNATURE IS REQUIRED ON THE LAST PAGE**

**TAX EXEMPTION INFORMATION**

*I hereby certify that we are engaged in reselling and that we hold a valid sales tax exemption number issued pursuant to the State Use Tax Law.*

State Tax Exemption Number is registered in: \_\_\_\_\_

State Tax Exemption number: \_\_\_\_\_ Expires: \_\_\_\_\_

**CREDIT INFORMATION - BANK REFERENCES**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip +4 Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Fax: #: \_\_\_\_\_

Name of Banker: \_\_\_\_\_ Account# \_\_\_\_\_

Type Of Account:      Checking    Savings    Commercial Loan

**TYPE OF ACCOUNT BEING REQUESTED**

CREDIT      COD

If you are requesting credit terms, please complete the following section:

Estimated Line of Credit requested: \$ \_\_\_\_\_

*If you are requesting a \$10,000 or higher line of credit, we will require a current financial statement now, and a new one each year.*

Enclosing a copy of your most recent financial statements may permit us to approve a higher credit limit to better serve your needs. All information is handled in strict confidence.

**TRADE REFERENCES** - Please list three commercial trade references where you purchase on an open account.

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Fax: #: \_\_\_\_\_

How many years have you been doing business with this supplier? \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Fax: #: \_\_\_\_\_

How many years have you been doing business with this supplier? \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Fax: #: \_\_\_\_\_

How many years have you been doing business with this supplier? \_\_\_\_\_

**AUTHORIZED SIGNATURE IS REQUIRED ON THE LAST PAGE**

THE FOLLOWING TERMS AND CONDITIONS OF SALE MUST BE SIGNED BY ALL ACCOUNTS.

**AGREEMENT**

*Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following terms and conditions.*

1. If credit is extended, the applicant agrees and understands that full payment is due within terms of the sale, and that if payment is not made within the period, the account may accrue a service charge in the amount 1 ½% per month on the unpaid balance of any outstanding invoice until paid.
2. Payment of all accounts due, as evidenced by the account shall be made no later than the due dates as indicated on each invoice under the “terms”.
3. No returns shall be made without written authorization of Seller.
4. N.S.F. checks may cause an account to be placed on an immediate cash in-advance status.
5. N.S.F. checks will incur a \$30.00 processing fee for each occurrence.
6. In the event of a shortage or dispute, applicant must notify DESIGN/CRAFT® FABRIC CORPORATION within 15 days of receipt of merchandise, specifying the invoice number, nature of the dispute and amount under dispute.
7. If applicant fails to pay the account balance when due, and if Seller in its sole judgment deems it necessary to engage a licensed collection agency or an attorney for legal action, Applicant agrees that it shall pay, in addition to the account balance, all charges of the collection agency and legal fees and expenses.

Applicant also agrees to the exclusive jurisdiction and venue of the state and federal courts where the seller has its principal offices and waives trial by jury.

8. We agree to immediately notify DESIGN/CRAFT® FABRIC CORPORATION of any change in ownership form of said business or address.

***I certify that all of the information given is correct, and that I have read and agree to abide by the terms and conditions.***

Authorized Signature: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_



DESIGN/CRAFT FABRIC® CORPORATION  
2230 Ridge Drive  
Glenview, Illinois, 60025 USA  
Tel: 847-904-7000 • Fax: 847-904-7102  
[www.design-craft.com](http://www.design-craft.com)