

## www.europeanfurniture.us

Order: Orders@euroeanfurniture.us

Submit your application to: Dealeraccount@europeanfurniture.us

626-349-1805

CUSTOMER NUMBER:	DATE:	
COMPANY LEGAL NAME:		
DBA NAME:		
BILL TO ADDRESS:		
ADDRESS 2:		<del>-</del>
CITY:STA		
PHONE: ( )	FAX: ( )	
WEBSITE:		
SHIPPING TO ADDRESS:		
CITY: S	TATE: ZIP CODE:_	
PHONE: ( )	FAX: (	)
SALES TAX APPICABLE:ID#:		
( PLEASE ATTACH COPY OF CERTIFI NOT BE OPENED)	CATE OR TAX WILL BE BILLED - N	IO CERTIFICATE, THEN ACCOUNT WILL
FEDERAL TAXPAYER IDENTIFICATIO	ON NO. (TIN) OR EMPLOYER IDEN	ITIFICATION NO. (EIN): ATTACH W-9
INDIVIDUAL OWNERSHIP:	PARTNERSHIP: CORF	PORATION:
VEAR CO STARTED:		

LIST OWNERS/OFFICERS:	
NAME:	<u> </u>
ADDRESS:	CELL:
NAME:	<u> </u>
ADDRESS:	CELL:
NAME:	<u></u>
ADDRESS:	CELL:
ARE PAYMENT IN ADVANCE AND THAT PRODUCT APPLICANT AGREES. TO ALL OF SELLER'S INVOICE SUBMITTED IN WRITING WITHIN TEN DAYS OF CELAIMS TO CARRIER. APPLICANT AND SIGNATOR ALL AMOUNTS OWED TO SELLER THAT ARE OVE AMOUNT OF 1 1/2% PER MONTH, COLLECTION	AYMENT TERMS OF EUROPEAN FURNITURE. ("SELLER") IT WILL NOT BE RESERVED UNTIL PAYMENT IS RECEIVED. IE TERMS. ALL CLAIMS BY APPLICANT ARE VOID UNLESS DELIVERY. APPLICANT MUST SUBMIT ALL FREIGHT RIES AGREE TO BE JOINTLY AND PERSONALLY LIABLE FOR IR 60 DAYS PAST DUE PLUS INTEREST ON THE PAST DUE COSTS AND ATTORNEY FEES. APPLICANT UNDERSTANDS COMPLETED IN ORDER TO APPLY MUST BE SIGNED BY
NAME:	SIGNED:
DATE :	
(PRINT)	
NAME:	SIGNED:
DATE :	

VERIFY THAT YOU HAVE SUPPLIED THE FOLLOWING DOCUMENTS TO YOUR EUROPEAN FURNITURE SALES REPRESENTATIVE: COMPLETED AND SIGNED CREDIT APPLICATION COMPLETED AND SIGNED W-9 FORM SALES TAX EXEMPTION/RESALE CERTIFICATE SIGNED TERMS AND CONDITION/SALES POLICY FORM (TO THE TRADE CUSTOMERS)\*\*\*\* CHANGES IN THE ABOVE INFORMATION SHOULD BE SENT TO THE EUROPEAN FURNITURE