



ACCOUNT APPLICATION

General Information

Account Legal Name _____

DBA _____

Federal Tax Resale Number _____

State Tax Resale Number _____

Billing Address _____

City _____ State _____ Zip Code _____

Company Telephone Number _____

Fax Number _____

Website _____

Email Address _____

Years in Business _____

Name & Title of Contact Person _____

Would you like invoices mailed, faxed, or e-mailed?

List all Owners (Sole Proprietor, Partners, President or Vice President)

1)

Name and Title _____

Address _____

Home Telephone _____

Email Address _____

2)

Name and Title _____

Address _____

Home Telephone _____
Email Address _____

Financial Institution – Checking Account Information

Company Bank Name _____
Account # _____
Branch Address _____
Phone # _____

List Three Interior Design Showroom References

Showroom _____
City _____
Contact _____
Phone # _____

Showroom _____
City _____
Contact _____
Phone # _____

Showroom _____
City _____
Contact _____
Phone # _____

Please send copies of your resale tax license(s) and business card along with this form.

The undersigned certifies that purchases by the above company from Tilde Furniture are for the purpose of resale. The undersigned thereby assumes all responsibility and liability for collection and payment of all applicable taxes with respect to receipts from the resale of such property to other users and/or customers.

It is understood and agreed that the undersigned will pay within the terms set forth on Tilde Furniture’s Order Acknowledgments, Invoices, and Conditions for Purchasing.

It is further agreed, if payment is not made within terms, or within the period of time deemed reasonable by the seller, and the services of an attorney or collection agency are employed to effect collection, that the undersigned will pay to the seller in addition to the amount due, interest from date account becomes delinquent at the maximum rate authorized by law, plus all court costs and collection fees.

It is understood that a \$50 handling fee will be charged to undersigned each occasion a check is returned from your bank as NSF or account closed.

Applicant hereby acknowledges that she/he has read, understands and accepts the terms and conditions of sale set forth on this application.

I hereby authorize the above named bank to release information to Tilde Furniture, LLC pertaining to our records, verifying funds against checks presented as payment for goods.

Signature _____

Title _____

Date _____