USA WHOLESALE FRAMING SUPPLIES

Customer Application

6143 Clark Center Avenue
Sarasota, FL 34238

Effective 10-1-2003

COMPANY NAME_____

Billing Address_____

City_____ State_____ Zip_____

Shipping Address_____

City_____ State_____ Zip_____

Telephone_____ Fax_____ Cell Phone_____

Email Address _____ In Business Since_____

Ownership: Individual ____ Partnership ____ Corporation ____ Type of Business_____

Billing Contact_____ Telephone_____

Payment information for UPS shipments (for COD accounts only): ☐ UPS COD or ☐ Credit Card

Credit Card #:_____ Expiration Date_____

COMPANY PRINCIPALS (List all owners.)

Owner's Name_____ Title_____

Personal Address_____ Telephone_____

City_____ State_____ Zip_____

Owner's Name_____ Title_____

Personal Address_____ Telephone_____

City_____ State_____ Zip_____

If additional owners, please list on a separate sheet.

Individuals authorized to place orders (If other than above):_____

_____

***Please attach a copy of your Annual Resale Certificate and Occupational License.**

_____

You agree that the information furnished herein is true and correct.

Signature _____ Title _____ Date _____

(If applying for an open account, please fill out the reverse side. Allow 30 days for processing.)

You can contact us at: ***800-749-5656 (toll -free)*** ***888-749-5656 (toll-free fax)***
923-3681 (local) ***925-1483 (local fax)***

USA WHOLESALE FRAMING SUPPLIES

Customer Application

6143 Clark Center Avenue
Sarasota, FL 34238

Effective 5-1-2003

COMPANY NAME_____

BANK REFERENCE

Bank Name_____

Address_____

City_____ State_____ Zip_____

Telephone_____ Fax_____

Checking Account #_____ Officer_____

(Account must be opened over 1 year.)

TRADE REFERENCES (Companies with whom you have active accounts.)

Company Name_____

Address_____

City_____ State_____ Zip_____

Telephone_____ Fax_____ Account #_____

Company Name_____

Address_____

City_____ State_____ Zip_____

Telephone_____ Fax_____ Account #_____

Company Name_____

Address_____

City_____ State_____ Zip_____

Telephone_____ Fax_____ Account #_____

You hereby agree that all amounts due USA Wholesale Framing Supplies are payable thirty (30) days from the invoice date; or if you pay upon receipt of the statement, terms are net 15 from statement date. Amounts unpaid beyond thirty (30) days as of the last day of the month accrue a finance charge of 1-1/2% per month (amount subject to change). Accounts with unpaid balances over 60 days will be placed on C.O.D. You hereby acknowledge that USA Wholesale Framing Supplies retains title to all merchandise purchased until fully paid for. You agree to notify USA Wholesale Framing Supplies by certified mail of any changes in ownership of your business and further agree to be liable for all purchases by the new owner should the undersigned fail to comply with said notification. You hereby personally guarantee individually, together with all successors and assigns, the prompt payment of all indebtedness including legal and court fees to collect the same. In the event that this guarantee of payment is executed by more than one person, then the liabilities and obligations shall be joint and several, and relative words herein shall be read as if written in plural. The submission of this credit application grants USA Wholesale Framing Supplies the right to investigate your credit including but not limited to the references listed above. You agree that all purchases made are subject to the above terms and conditions, and those listed on the Customer Application.

Signature_____ Social Security #_____ Date_____

Signature_____ Social Security #_____ Date_____

(All owners must sign.)

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