



16722 West Park Circle Dr
 Chagrin Falls, OH 44023
 P: (800) 338.2783
 F: (800) 775.0609

Company Name _____ Rep _____

General Information

Company Billing Address: _____ Acc # _____

City _____ State _____ Zip + 4 _____

Company Shipping Address (if different) _____

City _____ State _____ Zip + 4 _____

Sales: Telephone # _____ Fax # _____ Email _____

Federal ID # (if corporation) _____ Number of years in business _____

The above Business is: Individual Partnership Corporation

Principle Owners and Shareholders:

Name _____ Date of Birth _____ Social Security # _____

Name _____ Date of Birth _____ Social Security # _____

Account Type

- | | | | |
|---|---|--|--------------------------------------|
| <u>Residential</u> | <u>Commercial</u> | <u>Retail</u> | <u>Manufacturer</u> |
| <input type="checkbox"/> Interior Designer | <input type="checkbox"/> Design Firm < 10 Designers | <input type="checkbox"/> General | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Design Firm < 10 designers | <input type="checkbox"/> Design Firm 10 or more Designers | <input type="checkbox"/> Furniture only | <input type="checkbox"/> Bedding |
| <input type="checkbox"/> Design Firm 10 or more Designers | <input type="checkbox"/> Architect/Specifier | <input type="checkbox"/> Drapery only | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Wallpaper Store | |

Key Sales Contacts

1. Name _____ Title _____ Email _____

2. Name _____ Title _____ Email _____

3. Name _____ Title _____ Email _____

AP contact name _____ Email _____

Accounts Payable Information

Terms Requested: Net 30 Days Pro forma C O D

Forward a Separate Listing of your Existing Trade Reference Accounts if you are requesting review for Open Terms

OHIO, NEW YORK AND FLORIDA ACCOUNTS MUST PROVIDE A COPY OF TAX RESALE OR YOU WILL BE CHARGED TAX.

I HEREBY CERTIFY that I hold a valid seller's permit as detailed below pursuant to the to the Sales & Tax Law: that I am engaged in the business of selling _____ that the tangible personal property described herein which I will purchase from ROMO WALLCOVERINS & FABRICS, INC. will be resold by me in the form of tangible personal property: PROVIDED, however, that in the event any such property is used for any purpose other than retention, demonstration or display, while holding it for sale in the regular course of business, it is understood that I am required by the sales and use tax law to report and pay tax, measured by the purchase price of such property.

Sales Tax Permit # _____ Property to be purchased _____

ALL OBLIGATIONS OF THE ABOVE NAMED COMPANY ARE HEREBY PERSONALLY GUARANTEED

Name _____ Title _____ Date _____

Signed _____