



Customer Application

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Ship to Address (if different from billing): _____

Telephone: _____ Fax: _____ Residential Hospitality Manufacture

Email: _____ Website: _____

Owner Names: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Code (Check one only)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 1 Int. Designer with shop | <input type="checkbox"/> 65 Yacht builders/Ship Furnishing | <input type="checkbox"/> 95 - Theatre/Museum | <input type="checkbox"/> 219 - RV MFG |
| <input type="checkbox"/> 2 Interior Designer w/o shop | <input type="checkbox"/> 71 Hotel Groups (HQ) | <input type="checkbox"/> 200 - Aircraft MFG | |
| <input type="checkbox"/> 3 Workroom | <input type="checkbox"/> 79 Contract Designer | <input type="checkbox"/> 209 - Furniture MFG | |
| <input type="checkbox"/> 11 Dept. Store | <input type="checkbox"/> 80 Architect | <input type="checkbox"/> 213 - Model Homes | <u>Email Pricelist ?</u> |
| <input type="checkbox"/> 38 Trade Journal/magazine | <input type="checkbox"/> 81 Purchaser | <input type="checkbox"/> 217 - Upholsterer | <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> 44 Wallcover Wholesale | <input type="checkbox"/> 82 Specifier | <input type="checkbox"/> 218 - Wallpaper Store | |

Only complete this section for OPEN Terms consideration Tax Id No: _____

Bank Name: _____ Bank Tel #: _____

Account No: _____ Bank Contact Name: _____

Years In Business: _____ Dun & Bradstreet No: _____

Trade References

1. Name & Address _____ Phone _____ Account # _____
2. Name & Address _____ Phone _____ Account # _____
3. Name & Address _____ Phone _____ Account # _____

I agree to pay interest at a rate of 1 1/2 % per month (18%per annum) for all invoices past due, and all reasonable costs of collection, including attorney's fees, in the event of my failure to pay in consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment. This is your authority to charge 1 1/2 per month (18% per annum) on all past due amounts. The below signatures also grant JAB the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized Signature _____ Date _____

Print Full Name _____ Title _____

Agent/Office use only

Representative Name _____ Rep Code _____

Send completed applications to credit@jab.us or fax to 718-361-0159