



NEW ACCOUNT FORM

BUSINESS CONTACT INFORMATION

Name & Title: _____ Date business commenced: _____

Company Name: _____ Sole proprietorship

Phone: _____ Fax: _____ Partnership

Email: _____ Corporation

Registered Company Other

Street address _____

City, State, Zip Code: _____

BUSINESS AND CREDIT INFORMATION

City, State, Zip Code: _____ Bank name: _____

How long at current address? _____ Primary business address _____

DUNS# / License: _____ City, State, Zip Code: _____

EIN: _____ Type of account: Savings Checking Other

State Resale#: _____ Phone: _____

Email: _____

BUSINESS/TRADE REFERENCES

Company Name: _____ Phone: _____

City, State, Zip Code: _____ Fax: _____

Type of account: _____ E-mail: _____

Other: _____

Company Name: _____ Phone: _____

City, State, Zip Code: _____ Fax: _____

Type of account: _____ E-mail: _____

Other: _____

Company Name: _____ Phone: _____

City, State, Zip Code: _____ Fax: _____

Type of account: _____ E-mail: _____

Other: _____

AGREEMENT

- All invoices are to be paid within terms from the date of the invoice if approved for credit.
- Transportation Related Claims arising from invoices must be made within seven Makellos Cabinetry working days.
- By submitting this application, you authorize _____ to make inquiries into the banking and business/trade references that you have supplied.
- Customer agrees that it will be charged a 1.5% late fee on any past due bills. In the event collection of this account necessitates action by a collection agency and/or attorney, customer agrees to pay an additional 30% of any past due balance as a collection fee. Customer further agrees that if collection necessitates a suit or litigation, the customer will further pay all reasonable attorney's fees and Court fee's.

New Account# : _____ (Assigned by Makellos Cabinetry)

Signature: _____ Signature: _____

Name and title: _____ Name and title: _____

Date: _____ Date: _____