

ASIA Cabinetry Inc.

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NEW ACCOUNT FORM

BUSINESS INFORMATION:

Company Name: _____

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

Tel.: _____ Fax: _____

Website: _____

TYPE OF BUSINESS: Check one that best describe your business

Wholesaler Retailer Builder Contractor Designer Other _____

COMPANY EIN #: _____ **SELLER'S PERMIT #:** _____

Please supply the following with application: Photo ID _____ Copy of Resale Certificate _____

Owner(s) Name: _____ Business Card: _____

Contact(s)/ Name: _____

Email(s): _____ Years in Business: _____

Current Supplier(s): _____

Monthly Purchase: _____

How did you hear about us?

Website/Internet Sales Rep.: _____

Magazine/Newspaper Ad Referred by: _____

Company Sign/Builders Shows Other: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

Office Use:

Approved by: _____ Price Level: _____

Notes: _____

QB > EM > ML > CL > FL >