

CREDIT APPLICATION

Springs Window Fashions, LLC
7549 Graber Road, Middleton, WI 53562
Phone: (866) 747-2237

Sales Rep Name: House

Sales Rep #: 1011



Essex Sales & Marketing Group, Inc.

Fax Back to:
877-533-7739

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SHIPPING ADDRESS (IF DIFFERENT) _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE # _____ **FAX #** _____ **EMAIL ADDRESS** _____

DUNS # _____ **FRANCHISE #** _____

What is your estimated annual sales volume with Springs Window Fashions? Less than \$5,000
 \$5,000 to \$10,000 \$10,000 to \$50,000 \$50,000 to \$100,000 \$100,000 to \$500,000 Over \$500,000

Do you have a pending order? Yes No

Type of Ownership: Individual Partnership Corporation

Tax Status: Are you tax exempt? No Yes – Please return a resale certificate with this application. If you don't, we must legally charge you sales tax until we receive a copy of your resale certificate. Sales tax is not refundable.

PLEASE LIST ALL ACTIVE TRADE REFERENCES BELOW

(1) Name _____ Account # _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Fax # _____

(2) Name _____ Account # _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Fax # _____

(3) Name _____ Account # _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Fax # _____

(4) Bank Reference: Checking Savings
 Bank Name _____ Account # _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Fax # _____

STANDARD OPEN TERMS, IF GRANTED, ARE NET 30 DAYS FROM DATE OF INVOICE.

READ CAREFULLY: I (We) agree to keep within your published terms of sale. I (We) also understand that should this account become delinquent and it be necessary to employ an attorney or collection agency to collect or commence suit to enforce payment, I (We) agree to pay all attorney or collection fees plus the cost of any suit. I (We) further agree to pay all monies due in lawful money of the United States. Further I (we) understand and agree that any amounts owed under this agreement are not transferable and in the event of change of ownership of the applicant I (we) will notify Springs Window Fashions LLC in writing thirty (30) days prior to any change of ownership, change in location or cessation of business activity. I (We) further agree that I (we) will be personally responsible for any money not paid by the applicant. **All principals must sign below:**

Print Name _____

Print Name _____

Signature _____

Signature _____

Please attach a separate sheet; indicate the names and addresses of other owners, and please have them sign. Thank you.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation.

Print Full Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Signature: _____