

PLEASE NOTE:

We must have an application on file even if you are requesting CASH terms. All information must be completed.

PALECEK®

Telephone (800) 274-7730 • FAX (510) 236-0561
info@palecek.com

#

DATE ____ / ____ / ____

REP NAME: _____

REQUESTED TERMS:

N-30 ____ Prepaid ____

CREDIT APPLICATION*Please print or type*

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COMPANY NAME	PHONE	COMPANY WEBSITE:
()		
FURNITURE BUYER	FAX	
ACCESSORY BUYER	EMAIL	
BILLING ADDRESS		
CITY	STATE	ZIP

SHIPPING NAME AND ADDRESS (IF DIFFERENT THAN ABOVE)		
SHIPPING NAME		
STREET		
CITY	STATE	ZIP

Owner(s) _____	
Address _____	
A/P Contact _____	Phone _____
How long in business Under your ownership	
0-5 months _____	6-12 months _____
1-2 years _____	2-5 years _____
Over 5 years _____	
Type of Business?	
Corp _____	Partnership _____
Solo Proprietorship _____	
Federal I.D.# _____	Dun & Bradstreet # _____

PLEASE CHECK THE BOX NEAREST TO DESCRIBING YOUR BUSINESS

<input type="checkbox"/> Architect	<input type="checkbox"/> Contract Specifier	<input type="checkbox"/> Decorative Accessory	<input type="checkbox"/> Department Store	<input type="checkbox"/> Designer
<input type="checkbox"/> Designer Showroom	<input type="checkbox"/> Floral	<input type="checkbox"/> Furniture	<input type="checkbox"/> Gift/Stationery	<input type="checkbox"/> Packager
<input type="checkbox"/> Hotel/Restaurant	<input type="checkbox"/> Lifestyle	<input type="checkbox"/> Mail Order	<input type="checkbox"/> Mass Merchant	<input type="checkbox"/> Nursery
<input type="checkbox"/> Wholesale	<input type="checkbox"/> One Time Buyer	<input type="checkbox"/> Grocery	<input type="checkbox"/> Store with Designer	<input type="checkbox"/> Other _____

ESTIMATED ANNUAL RETAIL VOLUME

<input type="checkbox"/> Under \$100K	<input type="checkbox"/> \$100K - \$200K	<input type="checkbox"/> \$201K - \$400K	<input type="checkbox"/> \$401K - \$600K	<input type="checkbox"/> Over \$600K
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BANK REFERENCES

BANK

ACCOUNT#

CITY

STATE

ZIP

TELEPHONE

CONTACT NAME

ADDITIONAL REFERENCES

PLEASE LIST COMPLETE NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE AND FAX NUMBERS & ACCOUNT NUMBER

1. _____
2. _____
3. _____

TERMS AND CONDITIONS

IN APPLYING FOR OPEN ACCOUNT PRIVILEGES, I AM AWARE OF THE FOLLOWING AND AGREE TO THESE TERMS.

- 1) Interest will be added at the rate of 1 1/2% per month (18% per annum on past due amounts)
- 2) Should it be necessary for Palecek to resort to a collection agency, I agree to pay all costs and Attorney fees.
- 3) Shortage/damage claims are to be made within 15 days of receipt of merchandise.
- 4) Invoicing will be made at prevailing prices.
- 5) An assessment of \$25.00 will be charged on all proved proof-of-deliveries.
- 6) I hereby authorize our bank & trade references to release information for purposes of granting credit.
- 7) Affixed signature binds signer to personally guarantee payment of amount due.
- 8) Orders under minimum are subject to a service charge of \$35.00
- 9) Non-sufficient fund (NSF) Fee \$25.00

NAME (PLEASE PRINT)

POSITION

SIGNATURE (CORP. OFFICER, PARTNER, SOLE PROPRIETOR OR AUTHORIZED COMPANY EMPLOYEE)

DATE