



## Welcome to Decore-ative Specialties!

We have included the necessary forms for setting up an account:

- Account Information Sheet (3 Pages)
- Resale Card (1 Page)

Visit our website to register your account for online access.

To submit your New Account forms, please fax to our New Accounts Team at 626-254-6799.

If you have any questions or need assistance, please contact our New Accounts Team at 888-702-9281.

### Additional Contact Information:

Orders: 800-729-7277

Information: 800-729-7255

Order Fax: 800-338-0852

Website: [www.decore.com](http://www.decore.com)





2772 S.Peck Road, Monrovia, CA 91016
New Accounts Phone: 888-702-9281
New Accounts Fax: 626-254-6799

New Account Application
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\* required information

Type of Account: [ ] Open [ ] COD
(If Open, Account must be in business under
Legal Company Name for one year or more.)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Information

\*Legal Company Name \_\_\_\_\_

\*Bill To Address \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Cabinetmaker/Contractor's License # \_\_\_\_\_

\*Business Type: [ ] Commercial [ ] Residential

\*Years in Business Under Legal Company Name \_\_\_\_\_

\*Ship to Address \_\_\_\_\_ City \_\_\_\_\_
(P.O. Box not accepted)
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

\*Shop Telephone # \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Years at Present Location \_\_\_\_\_

Owner Information

\*Owner's Name \_\_\_\_\_

\*Owner's Home Address \_\_\_\_\_ City \_\_\_\_\_
(P.O. Box not accepted)
State \_\_\_\_\_ Zip \_\_\_\_\_

Alternative Contact Telephone # \_\_\_\_\_

Payment Information

\*Payment Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Payment Contact Telephone # \_\_\_\_\_

\*Purchase Order Required? [ ] Yes [ ] No

\*Order Acknowledgement Preference (please provide contact information, if different than above):

Address \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

\*For COD Only - Payment Options (check one only)

- [ ] Cash Only (no bank information required): \_\_\_\_\_ (initials required)
[ ] Clear Pay (electronic banking) - Please include Clear Pay Form and voided check
[ ] Check - bank information required
[ ] Credit Card - Please include Credit Card Agreement Authorization Form



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\* required information

Business Information

\*Sales Tax Status: [ ] Taxable [ ] Tax Exempt (per State regulations, must provide valid & signed resale card for tax exemption)

\*Business Entity: [ ] Corporation (see appendix A) [ ] Individual (see appendix B) [ ] Partnership (See appendix C) [ ] LLC

Appendix A: State of Corporation \_\_\_\_\_ Year Est. as Corporation \_\_\_\_\_

Appendix B: Owner's Driver's License # \_\_\_\_\_ Owner's SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Appendix C: State of Partnership \_\_\_\_\_ Est. year of Partnership \_\_\_\_\_

Owner's Driver's License # \_\_\_\_\_ Owner's SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*Estimate of your monthly credit needed: \$ \_\_\_\_\_ (ie. \$1,500 for a small shop)

Comments on credit needs or ability to pay: \_\_\_\_\_

Interested in receiving monthly credit statement by mail? [ ] Yes [ ] No

Banking Information

\*Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Bank Telephone # \_\_\_\_\_ Bank Fax # \_\_\_\_\_

\*Checking Account Type: [ ] Personal [ ] Business \*Account # \_\_\_\_\_

Bank Contact Name \_\_\_\_\_

It is understood that Decore-ative Specialties may impose a late fee of 1.5% monthly or 18% annually on any past due balance and the undersigned will pay all costs of collection including a reasonable attorney's fee. Applicable Law- Venue. This agreement is entered into at seller's principle place of business located at shipping point of product. In the event it becomes necessary to file legal action, the venue of said action shall be at the discretion of the seller. The undersigned agrees if credit is granted by Decore-ative Specialties, the undersigned will be responsible for all invoices as presented. We hereby authorize our financial institution to release to Decore-ative Specialties information needed in establishing credit with Decore-ative Specialties. Discrepancies regarding invoices or condition of goods shipped must be presented in writing within 10 days of invoice. Storage charges will apply; \$.40 per piece per month on orders not picked up from Will Call within three weeks past the completion date. Doors may be sold after a two month period to defray cost of storage. You will be responsible for the original amount of your order and the storage charge incurred. We are responsible for orders placed, payments approved and orders viewed online by ourselves and others authorized by one of us.

X \_\_\_\_\_
Print Name

X \_\_\_\_\_
Signature

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*\* required information*

**Trade References - For Open Account Only**

*\*Must be filled out in order to qualify for an Open Account*

(minimum of 2 current *open* account references required; ie. Lumber, Hardware, Cabinetry, etc.)

- |                     |                       |
|---------------------|-----------------------|
| 1. *Firm Name _____ | *Account Number _____ |
| *Telephone # _____  | *Fax # _____          |
| 2. *Firm Name _____ | *Account Number _____ |
| *Telephone # _____  | *Fax # _____          |
| 3. *Firm Name _____ | *Account Number _____ |
| *Telephone # _____  | *Fax # _____          |

**Personal Guaranty**

For other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, we or either of us, hereafter called Guarantors, hereby agree, jointly and severally, to pay to Decore-ative Specialties, Irwindale, CA, hereinafter called Creditor, its sucesors and or assigns, at its office in the city of Irwindale, CA and all indebtedness or other liability, fixed or contingent, which \_\_\_\_\_, hereinafter called Debtor, may now or any time hereafter owe said Creditor, Guarantors expressly waive diligence on the part of said Creditor in the collection of any and all indebtedness or other liability, fixed or contingent, protest notice and all extensions that may be granted to the Debtor, and said Creditor shall be under no obligation to notify us, of its acceptance hereof, nor of any advances made or credit extended on the faith hereof, nor of the failure of said Debtor to pay said indebtedness as it matures, nor to use diligence in preserving the liability of any person on said indebtedness of other liability, fixed or contingent, or in bringing suit to enforce collection of debt due under this guaranty; and I, we or either of us, further agree to pay a reasonable attorney's fee should this contract be placed in the hands of an attorney for the collection or should it be collected through any Court. Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_  
Print Guarantor's Name

X \_\_\_\_\_  
Guarantor's Signature

If Personal Guaranty is signed please provide the Guarantor's DL# \_\_\_\_\_ & SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*The Federal Equal Oppourtunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status. The federal agency which administers compliance with law, concerning this company, is the Federal Trade Commission; Washington DC 20680*

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**UNIFORM SALES & USE TAX CERTIFICATE - MULTIJURISDICTION**

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: \_\_\_\_\_  
 Address: \_\_\_\_\_

I certify that:  
 Name of Firm (Buyer): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

is engaged as a registered:  
 Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Seller (CA) \_\_\_\_\_  
 Manufacturer \_\_\_\_\_ Lessor \_\_\_\_\_ Other (specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service\* to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of business: \_\_\_\_\_  
 General description of tangible property or taxable services to be purchased from the seller:

\_\_\_\_\_  
 \_\_\_\_\_

State Registration, Seller's Permit, or ID Number of Purchaser (write on line for corresponding state)

|          |          |          |
|----------|----------|----------|
| AL _____ | KS _____ | ND _____ |
| AR _____ | KY _____ | OH _____ |
| AZ _____ | ME _____ | OK _____ |
| CA _____ | MD _____ | PA _____ |
| CO _____ | MI _____ | RI _____ |
| CT _____ | MN _____ | SC _____ |
| DC _____ | MO _____ | SD _____ |
| FL _____ | NE _____ | TN _____ |
| GA _____ | NV _____ | TX _____ |
| HI _____ | NJ _____ | UT _____ |
| ID _____ | NM _____ | VT _____ |
| IL _____ | NC _____ | WA _____ |
| IA _____ |          | WI _____ |

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
 (Owner, Partner, or Corporate Officer)

Title: \_\_\_\_\_ Date: \_\_\_\_\_