



FOR OFFICE USE ONLY

Reference Inquiry	
Returned	
Account Opened	
Status	
Resale Card	

Account Name

Carol's Roman Shades, Inc.

NEW ACCOUNT / CREDIT APPLICATION FORM

Trade Name _____ Resale # _____
 Address _____ Phone # _____ Fax # _____
 City _____ State _____ Zip _____
 Email Addresses- Accounts Payable _____ Name _____
 Order Confirmation _____ Name _____

Type of Business _____ Year Established _____ Annual Volume \$ _____ Number of Employees _____
 Check One: Retail location Showroom In-Home
 Check One: Sole Proprietorship Partnership Corporation
 Check One: Open Account COD Account

Owners or Officers _____ Address/Phone _____ Social Security # _____

Trade References

1. Company Name _____ Account # _____ Phone () _____
 Address _____ State _____ Zip _____
 2. Company Name _____ Account # _____ Phone () _____
 Address _____ State _____ Zip _____
 3. Company Name _____ Account # _____ Phone () _____
 Address _____ State _____ Zip _____

Real Estate Owned _____ Value \$ _____ Mortgage _____

Bank References

Bank	Account #	Type
Bank _____	_____	/Checking, Saving, Loan
Branch _____	_____	/Checking, Saving, Loan
Address _____	_____	/Checking, Saving, Loan
Phone # _____		

Where did you hear about us? Customer Other Designer Yellow Pages Web Others

In consideration of the extension of credit to me by Carol's Roman Shades I agree to pay all invoices in full, in accordance with the terms thereof. In the event my account is unpaid at the stated terms of invoices, I agree to pay addition, interest at the rate of 1 1/2% per month on each invoice from date thereof until paid. In the event my account is turned over for collection or legal action, I agree to pay, in addition to all other sums, all expenses incurred thereby, including collection agency fees, reasonable attorney's fees and court costs.

Signature _____ Title _____ Date _____