

Pride Cabinets Wholesale Account Application

65 E Palatine Rd Suite 205, Prospect Heights, IL 60070

Phone: (847)957-1688 Email: pridecabinetswholesale@gmail.com Website: www.pridecabinets.com

COMPANY NAME: _____ EIN: _____

ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____ E-MAIL: _____

DATE OF INCORPORATION/PARTNERSHIP: _____

NAME OF OFFICER: _____ TITLE: _____

ESTIMATED MONTHLY SALES: _____ SPECIAL BILLING INSTRUCTIONS: _____

BANK: _____ ADDRESS: _____ ACCT# _____

BRANCH: _____ PHONE: _____ CONTACT: _____

Please Check:

Retailer Contractor Designer Other: _____

Business License / Contractor License (A copy of license is required). Seller's Permit _____

TRADE REFERENCE

NAME: _____ PHONE: _____ ADDRESS: _____ EMAIL: _____

NAME: _____ PHONE: _____ ADDRESS: _____ EMAIL: _____

NAME: _____ PHONE: _____ ADDRESS: _____ EMAIL: _____

AUTHORIZED BUYER

NAME: _____ PHONE: _____ TITLE _____ DL# _____

NAME: _____ PHONE: _____ TITLE _____ DL# _____

Interested in other products? Sink Hardware Free Website Others _____

I hereby authorize our banks, trade references, and financial institutions to release credit information to Pride Cabinets and further authorize Pride Cabinets to obtain other credit information, including consumer credit bureau reports for individuals responsible for the business' debt (such as sole proprietors of a small business and any general partner of a partnership) and to release same to other institutions for credit evaluation purposes. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 USC § 1681 et seq. Pride Cabinets is authorized to review credit information periodically as it deems necessary to make credit decisions with respect to sales to applicant. Facsimile signatures are deemed originals. Any bank, trade reference, financial institution or credit bureau may rely on a copy of this application in providing information to Pride Cabinets.

•The terms and conditions of this application shall, upon extension of credit by Pride Cabinets, constitute an agreement of sale. Should credit availability be granted by Pride Cabinets, all credit shall be extended at the sole discretion of Pride Cabinets. Pride Cabinets may increase, decrease or terminate any credit availability at any time within its sole discretion. I further certify under penalty of perjury that the information provided in this application to be true and correct to the best of my knowledge. Furthermore, I agree to inform Pride Cabinets of any changes in legal status.

•NSF checks are subject to a minimum \$25 administrative fee. Fee is subject to change.

•Applicant agrees to bear all reasonable costs incurred in collecting any unpaid amounts including but not limited to collection legal fees and court costs.

All purchases from Pride Cabinets are for business or commercial purposes and not for personal, family or household purposes. I/we hereby consent to the jurisdiction of the Illinois state courts sitting in Lake County, IL.

Authorized Signature

Signature _____

Please Print Name: _____ Title _____ Date _____