

Customer Application

Company Type: Corporation LLC Partnership Proprietorship Year Established _____

Primary Business: Residential Hospitality Website: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Accounts Payable's Email: _____

Owner's Name: _____ Owner's Email: _____

Business Code (Check one only)

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Interior Designer with shop | <input type="checkbox"/> 71 Hotel Groups (HQ) | <input type="checkbox"/> 200 Aircraft MFG |
| <input type="checkbox"/> 2 Interior Designer w/o shop | <input type="checkbox"/> 79 Contract Designer | <input type="checkbox"/> 209 Furniture MFG |
| <input type="checkbox"/> 3 Workroom | <input type="checkbox"/> 80 Architect | <input type="checkbox"/> 213 Model Homes |
| <input type="checkbox"/> 44 Wallcoverings Wholesaler | <input type="checkbox"/> 81 Purchaser | <input type="checkbox"/> 217 Upholsterer |
| <input type="checkbox"/> 65 Yacht builder/Ship Furnishing | <input type="checkbox"/> 82 Specifier | <input type="checkbox"/> 218 Wallpaper Store |

Trade Accounts are opened with Proforma terms.

For OPEN Terms consideration please contact us at 718-706-7000 option #5

I agree to pay interest at a rate of 1 1/2 % per month (18%per annum) for all invoices past due, and all reasonable costs of collection, including attorney's fees, in the event of my failure to pay in consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment. This is your authority to charge 1 1/2 per month (18% per annum) on all past due amounts. The below signatures also grant JAB the right to check any factors pertinent to a fair evaluation of establishing credit.

 Authorized Signature Date

 Print Full Name Title

Agent/Office use only
 Representative Name Rep Code

Send completed applications to credit@jab.us