

territory: 0051-B
 0058-B

kravet inc.

KRAVET | LEE JOFA | BRUNSCHWIG & FILS | GP&J BAKER

credit application

KEY BUSINESS INFORMATION *required field

*Please enter the code that best describes your type of business: Please Choose One...

Trade Name* _____
Legal Name* _____
Address* _____
City* _____ County* _____
State* _____ Zip* _____ Telephone #* _____
Fax* _____ Cell # _____
Owner Email* _____
Designer Email _____
Bookkeeper Email _____

e-invoice Yes No Unless otherwise specified, e-invoice will be directed to bookkeeper's email address.

Please provide name, home address and telephone number of owner or an authorized officer, if incorporated.

Name _____ Telephone _____
Home Address _____ City _____ State _____ Zip _____
 Proprietorship Social Security # _____ - _____ - _____
 Partnership Corp. Fed ID# _____
Date Established _____ +Resale Tax # _____ Exp. Date _____
+Please attach copy of signed resale certificate. D&B # _____ - _____ - _____

Terms Of Sale

Account Terms Desired* N-30 Proforma *Interim terms are Proforma until review is completed.*

Credit line requested \$ _____ PO required Yes No

Furniture and Carpet orders require a 50% deposit. Balance due prior to shipping. Written PO required for all orders.

*Fields located below are required if requesting terms

Active Trade References*

Name _____ Account # _____ Address _____ City _____ State _____ Zip _____
Name _____ Account # _____ Address _____ City _____ State _____ Zip _____
Name _____ Account # _____ Address _____ City _____ State _____ Zip _____

Bank Reference*

Name _____ Account # _____ Address _____ City _____ State _____ Zip _____
Phone # _____ Officer _____

Please note, our charge for returned checks is \$35.00 per check.

Credit Information Release Authorization

I/We agree that Kravet Inc. may contact any of the references provided, as well as business and consumer reporting agencies, for the purpose of establishing or updating credit terms. I/We further certify that the information given herein is true and correct. By printing my name below, this serves as authorization for Kravet Inc. and its subsidiaries to verify the listed credit references, and for the bank and trade references listed above to release financial and credit information to Kravet Inc. and its subsidiaries concerning my request for credit consideration and to all terms and conditions listed here.

Agree to Terms and Conditions

Credit Agreement

Should the account become delinquent, I/we will be responsible for all costs related to collection efforts, including agency fees, attorney fees and court costs.

Authorized Signature _____ Title _____ Date _____

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225 Central Avenue South Bethpage New York 11714 kravetinc.com Phone 616 293 2000 Fax 616 420 5595 Email credit@kravet.com

Print Reset Form Submit Form

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new account qualification questionnaire

Account name: _____

Your primary business is: Residential Contract

Are you exclusively a showroom shopper? Yes No

Do you have any "sampling" at your office/home? Yes No

If the above answer is "Yes," what is your preferred method of sampling?

Books Memos Other (Please specify) _____

What is your preferred method to shop product such as furniture, carpeting and drapery hardware?

Catalogues Showrooms Online Other (Please specify) _____

Do any suppliers call on you at your office/home in the following categories?

Fabric Yes No

Furniture Yes No

Carpet Yes No

Drapery Hardware Yes No

Lighting Yes No

If so, must they have an appointment? Yes No

Who is currently your primary supplier for the following categories:

Fabric: _____

Furniture: _____

Carpet: _____

Drapery Hardware: _____

Lighting: _____

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225 Central Avenue South Bethpage New York 11714 kravetinc.com Phone 516 293 2000 Fax 516 420 5595 Email credit@kravet.com

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Payment Authorization Form

Basic Information	
Date:	
Account Name:	Account #:
Business Phone:	Mobile Phone:
Email:	
Order/Invoice #	Amount
Comments/Special Instructions	

Payment Information	
<input checked="" type="radio"/> Card Type: <i>Choose One</i>	
Name on Card:	
Credit Card #:	Security Code:
Expiration Date:	Billing Zip Code:
Total to Charge: \$	
<input type="radio"/> Check Payment (Complete Below)	
Bank Name:	Check#:
Banking Account #:	Routing #:
Check Total: \$	
Customer Signature Approval & Authorization	
<p>I authorize the verification of the information provided & permission to charge to my credit/debit card for agreed upon purchases/payments. I understand that my full credit card information is not stored by Kravet Inc. or its subsidiaries but is tokenized to eliminate risk of a security breach.</p> <p>NOTICE TO U.S. CUSTOMER ABOUT ELECTRONIC CHECK CONVERSION: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.</p> <p align="center">**DO NOT MAIL YOUR PHYSICAL CHECK TO US**</p>	

Signature:	Date:
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Kravet Inc. | 225 Central Ave S. Bethpage NY 11714 | | Fax: (516) 293-2059
 Please Save this form and submit to Credit@kravet.com.