THIBAUT INC ACCOUNT APPLICATION

www.thibautdesign.com www.annafrench.co.uk

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Tel: 1-800-223-0704 Fax: 1-973-741-4250

Legal Business Name	**Federal ID# (Do not provide your Social Security Number)**
Trade Name	**Resale Certificate Number (Attach a Copy with Application)**
Billing Address/PO Box □ **Residential** □ **Commerical**	**Business Type** □ Individual □ Partnership □ Corporation □ LLC
City **State**	**Business Classification (Check One)** □ Interior Designer □ Trade Only Showroom □ Fabric Store □ Wallpaper Shop □ Furniture Store □ Model Home Builder □ Decorating Center (Paint and Wallpaper)
Zip Code **County**	
Telephone Number **Fax Number**	
Ship To: (If Different from Billing Address)	**Payment Options** □ Credit Card □ Proforma □ Net 30 Days (Approval Required)
Shipping Address: □ **Residential** □ **Commerical**	**Accounts Payable Contact**
City **State** **Zip Code**	**E-mail addresses For:** **Order Confirmaitons** elaine@ahokelimited.com **Back Orders** elaine@ahokelimited.com
Primary E-mail Address	**Invoices:** elaine@ahokelimited.com
Owner's/Principal's Name	**Do You Have A Website?** □ **Yes** □ **No** **Website:**

I/We hereby confirm that the information herein is accurate. I/We hereby authorize Thibaut Inc to obtain and/or release all information that may be required pertaining to my/our credit worthiness. I/we agree that said information may be obtained from and/or released to any source including but not limited to any consumer reporting agency. Approval of Net 30 terms is at Thibaut Inc's discretion. Thibaut Inc reserves the right to refuse, close or restrict accounts. I/We will not use Thibaut or Anna French images or logos to promote discounted sales events or discounts. Using Thibaut or Anna French images in conjunction with sales/discounts may result in termination of account status. By signing below I confirm that I have read and understand this application and the above statements. I/We hereby agree that any/all transactions will be under Thibaut Inc's terms of sale.

Name (Please Print) **Customer Signature** **Date**

TO BE COMPLETED BY SALES REPRESENTATIVE **118653 A Hoke Ltd - Charlotte**

Account type □ New Account □ Additional Location Master Acct# _____ Class _____ Price Level _____ Territory _____

Received □ Re-sale Certificate □ Book Plan □ Initial Order Received

Sales Representative Date

OFFICE USE

Account Number Given: _____ Ter _____