



CONFIDENTIAL ACCOUNT APPLICATION
ALL NEW ACCOUNTS ARE PROFORMA ACCOUNTS

**Required Fields*

COMPANY INFORMATION

***Check One:** Corporation • LLC • Partnership • Sole Proprietorship •

*Company Name _____ *Contact _____ Years in Business _____

*Billing Address _____ *City _____ *State _____ *Zip _____

*Phone _____ Fax _____ *Email _____

Federal ID# _____ Dun&Bradstreet# _____ Company Website: _____

Bank Reference _____ Account # _____ Bank Contact _____ Phone _____

I would like to be enrolled in receiving my invoices and statements electronically.

***Type of Business:** Interior Designer • Architect • Purchasing Agent • Other _____

Specialty:

- Residential
- Hospitality
- Commercial
- Purchasing

OWNER INFORMATION (Must be completed for all partnerships and sole proprietorships)

*Owners Full Name _____ SS# _____ Federal ID # _____

Owners Address _____ City _____ State _____ Zip _____

Partners Full Name (If Partnership) _____ SS# _____

Partners Address _____ City _____ State _____ Zip _____

TRADE REFERENCES

*1. Name _____ Phone _____ Account# _____

Address _____ City _____ State _____ Zip _____

*2. Name _____ Phone _____ Account# _____

Address _____ City _____ State _____ Zip _____

*3. Name _____ Phone _____ Account# _____

Address _____ City _____ State _____ Zip _____

I authorize Scalamandre to contact any of my references as well as my banking, business and consumer reporting agencies in order to establish credit terms. I agree to pay interest at a rate of 1 ½% per month (18% per annum) for all unpaid past due invoices. I also agree to pay reasonable costs of collection, including attorney's fees, in the event of my failure to pay any unpaid balance. In consideration of the receipt of goods and services by said firm, the undersigned does contractually and personally guarantee all payments, interest and fees by said firm in the event of any collection of any unpaid balances. I have read and understand these terms set forth within this account application and fully agree to the terms and conditions.

***Authorized Signature** _____ ***Title** _____ **Date** _____

Have you already been working with a salesperson/showroom? _____ If yes, please provide name: _____

Please tell us a little about your business and what design concept you are looking for:

Please obtain and submit a copy of your resale certificate for the following states to remove your sales tax liability:

Arkansas, California, Colorado, Connecticut, D.C., Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Virginia, Washington, and Wisconsin

Please note additional states may be added due to new sales tax rules. If you have any questions, please contact the credit department.

Once application has been completed, it should be submitted to credit@scalamandre.com for further review along with copies of your resale certificate(s). It can also be provided directly to your salesperson for submission, or you can mail or fax the documents to:

Stark Scalamandre Fabric
Credit Department
197 Boling Industrial Way
Calhoun, GA 30701
Fax: (470)-313-3911

An online application is also available at: www.scalamandre.com/register

For further assistance please contact the credit department: 1.800.932.4361 option 3