



**CONFIDENTIAL ACCOUNT APPLICATION**  
**ALL NEW ACCOUNTS ARE PROFORMA ACCOUNTS**

*\*Required Fields*

**COMPANY INFORMATION**

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

\*Company Name \_\_\_\_\_ \*Contact \_\_\_\_\_

\*Billing Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone \_\_\_\_\_ Fax \_\_\_\_\_ \*Email \_\_\_\_\_

Federal ID# \_\_\_\_\_ Company Website \_\_\_\_\_

Scalamandre Pick# (if applicable) \_\_\_\_\_

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

Bank Reference \_\_\_\_\_ Account # \_\_\_\_\_

Bank Contact \_\_\_\_\_ Phone \_\_\_\_\_

**\*Type of Business:**    Interior Designer     Architect     Purchasing Agent     Other: \_\_\_\_\_

- Specialty:
- Residential
- Hospitality
- Commercial
- Purchasing

**OWNER INFORMATION**

Owner's Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I agree to pay interest at a rate of 1½% 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](mailto: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](http://www.scalamandre.com/register)