

Eastern Cabinet And Stone

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www.eastcabinetstone.com

NEW ACCOUNT APPLICATION

1. ACCOUNT REGISTRATION

Company Name:	Contact Name:
Telephone:	Fax:
Address:	
Email:	Website:

2. BUSINESS INFORMATION

Type of Business: [] Corporation [] Partnership [] Sole Proprietorship	Number of Years Under Present Ownership:
Full Name of Principals: Complete Corporate Officers, Partners, Owners, Etc.	
Owner Name:	
Contact Name 1:	Contact Name 2:
Check One Best Describing Your Business	
<input type="checkbox"/> Wholesaler <input type="checkbox"/> Store Retailer <input type="checkbox"/> Internet Seller <input type="checkbox"/> Contractor <input type="checkbox"/> Builder <input type="checkbox"/> Other:	
Seller's Permit No.:	Contractor License No.:
Federal TaxID No.:	Business License No.:

3. APPLICANT INFORMATION

Full Name:	Tel:
Occupation/Title:	Cell:
Email Address:	With Business Since:
How Did You Hear About Gila Cabinet & Stone Center?	
<input type="checkbox"/> Search Engine <input type="checkbox"/> Freeway Sign <input type="checkbox"/> Magazine <input type="checkbox"/> Social Media <input type="checkbox"/> Referred By: <input type="checkbox"/> Other:	

4. ADDITIONAL INFORMATION:

Current Supplier(s):	Monthly Sales:
Monthly Purchase:	

5. BUSINESS REFERENCE:

Company Name:			
Address:	City:	State:	Zip:
Tel:	Fax:	How long associated with company:	

6. AUTHORIZATION

Print Name:			
I have read and understand the return/exchange policy and agree to comply with all terms and conditions.			
Signature:	Date:		

7. FOR OFFICE USE ONLY

Application Approved By:	Sales Rep:	Price Level:
Office Notes:		

Thanks for your Business!