



DISTRIBUTOR DATA FORM

Company Name: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please answer each question to help us process your orders:

1. Which of the following do you accept?

Visa MasterCard Discover American Express

2. Do you have shipping capabilities? Yes No

3. What **type** and **brand** of product do you distribute?

Drywall _____ Paint _____
Brand Brand

Stucco _____ EIFS _____
Brand Brand

Other _____
Brand

CONTACT INFORMATION

Please furnish the names of employees we should contact at your company

Owner: _____ E-mail _____

Manager: _____ E-mail _____

Sales: _____ E-mail _____

Purchasing: _____ E-mail _____

Accounts Payable: _____ E-mail _____



BUSINESS CREDIT APPLICATION

NAME/ADDRESS			
Business Name:		EIN/Tax ID3:	
Last:	First:	MI:	Title:
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
COMPANY INFORMATION			
Type of Business:		In Business Since:	
<input type="checkbox"/> Drywall <input type="checkbox"/> Painting <input type="checkbox"/> Stucco <input type="checkbox"/> Plastering <input type="checkbox"/> EIFS <input type="checkbox"/> Other			
Business Operates as:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC			
Name of Principal Responsible for Business Transactions:			Title:
Address:		City:	State: Zip:
Name of Principal Responsible for Business Transactions:			Title:
Address:		City:	State: Zip:
BANK REFERENCE			
Institution Name:			
Contact Name:			
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
TRADE REFERENCES			
Company Name:		Contact Name:	
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
Account Opened:		Credit Limit:	Current Balance:
Company Name:		Contact Name:	
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
Account Opened:		Credit Limit:	Current Balance:
Company Name:		Contact Name:	
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
Account Opened:		Credit Limit:	Current Balance:

I certify that all of the information on this form is correct. I fully understand your credit terms are Net 30, and we agree to payment within those terms in consideration of extended credit. Delinquent accounts are subject to C.O.D. terms.

Signed _____ Title _____ Date _____