

WINDO-SHADE DISTRIBUTORS

4660 PINE TIMBERS, SUITE 124

HOUSTON, TX 77041

(713) 978-7900 (800) 392-2083 FAX (713) 978-5002

windo-shade.com

APPLICATION TO OPEN AN ACCOUNT

NAME OF BUSINESS (Applicant) _____ PHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

FAX NUMBER _____ EMAIL ADDRESS _____ TYPE OF BUSINESS: Proprietorship

Partnership

BUSINESS OPERATED FROM: Store Front Home Corporation

FEDERAL TAX ID # _____

SALES TAX RESALE PERMIT # _____

(Texas Sales Tax Resale Certificate must be completed and returned)

AMOUNT OF CREDIT REQUESTED \$ _____ (Please attach a current financial statement if over \$1,000)

TYPE OF ACCOUNT REQUESTED: COD

EST. ANNUAL SALES OF WINDOW COVERINGS \$ _____

OPEN

YEARS IN BUSINESS: _____

NAME OF PRESIDENT/OWNER _____ HOME PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NATURE OF BUSINESS: INTERIOR DECORATING/DESIGN SERVICE SPECIALTY SHUTTER/BLIND SHOP

WINDOW COVERING/DRAPERY

PAINT/WALLPAPER

FURNITURE AND ACCESSORIES

OTHER (Describe)

TRADE REFERENCES:

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone _____ Fax _____

Phone _____ Fax _____

Account Number _____

Account Number _____

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone _____ Fax _____

Phone _____ Fax _____

Account Number _____

Account Number _____

BANK OR OTHER FINANCIAL INSTITUTION:

Name

Address

City/State/Zip

Phone #

Account #

Applicant agrees to the terms and conditions stated on the reverse side of this form. If incorporated, an officer of the corporation must sign. If a sole proprietorship, the owner must sign. If a partnership, all partners must sign. Your signature authorizes the release to Windo-Shade of basic account information from the above listed references.

I (we) understand that the above information is given for the purpose of obtaining credit and I (we) certify that, to the best of my (our) knowledge, the above information is complete and accurate as of the date of this application.

Date

Signature

Title

Date

Signature

Title

TERMS AND CONDITIONS

1. In making this application, Applicant understands that all accounts are payable upon receipt of each invoice. Applicant acknowledges and agrees that if not paid within 30 days of the date of the invoice, the invoice is then delinquent and subject to a 1.5% late-payment fee, compounded each subsequent 30-day period that the invoice remains unpaid.
2. All invoices are due and payable in Harris County, Texas. In the event an attorney or collection agency is retained for the purpose of collecting any monies due Windo-Shade Distributors. Applicant agrees to pay all costs of collection, including court costs, and further agrees to pay reasonable attorney's fees or collection agency fees, in an amount equal to 30% of the monies due or the maximum amount allowed by law, whichever is greater.
3. If credit is granted, Applicant agrees to all of the terms contained herein and the individuals whose signatures are affixed to this application jointly and severally guarantee unconditionally the payment of all monies, including late-payment fees, attorney's fees, and collection agency fees, due Windo-Shade Distributors from the Applicant, and further agree that the provisions of Paragraph 4 herein is applicable to them individually.
4. Applicant acknowledges that all transactions between the parties hereto are commercial transactions and hereby expressly and knowingly waives all right to notice of any judicial hearing on any prejudgment remedy that may be sought to attach, garnish or levy its property.
5. Applicant acknowledges that Windo-Shade Distributors will consider invoices outstanding more than 60 days a collection matter, and as such, may turn the account over to an attorney or collection agency for collection.
6. Applicant acknowledges that, should any invoice remain outstanding over 45 days, Windo-Shade Distributors may place Applicant's account on credit hold. At that time any orders currently in production will be shipped on a COD basis unless payment for the past due amount is received prior to shipment. Windo-Shade Distributors reserves the right to place accounts on a permanent COD basis, without notice, in the event there are continual late payments.

TEXAS SALES TAX RESALE CERTIFICATE

Account #	Phone (Area code and number)
Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	
City, State, ZIP Code	
Texas Limited Sales Tax Permit Number (or out-of-state retailer's registration number or date applied for Texas permit)	

I, the purchaser named above, claim the right to make a non-taxable purchase for resale of the taxable items described below or on the attached order or invoice from:

Seller

WINDO-SHADE DISTRIBUTORS, INC.

Street Address

4660 PINE TIMBERS, SUITE 124

City, State, ZIP code

HOUSTON, TEXAS 77041

Description of the items to be purchased, or on the attached order or invoice:

WINDOW COVERINGS

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions, in its present form or attached to other personal property to be sold.

I understand that if I make any use of the item other than retention, demonstration or display while holding it for sale, lease or rental, I must pay sales tax on the item at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a misdemeanor to give a resale certificate to the seller for taxable items which I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease, or rental, and that upon conviction I may be fined not more than \$500 per offense.

Sign Here Purchaser	Title	Date
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This Certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts