

EUROPATEX

LEADING MANUFACTURER OF HOME TEXTILES & TRIMS

NEW ACCOUNT/CREDIT APPLICATION FORM

COMPANY'S INFORMATION:

Company Name: _____ Date: _____
Primary Contact Name: _____ Phone Number: _____
Billing Address: _____ Fax Number: _____
City: _____ Email: _____
State: _____ Year Established: _____
Zip Code: _____ Fed/Tax I.D.: _____

IS THE BILLING ADDRESS SAME AS YOU'RE SHIPPING ADDRESS? Yes No

Company Name: _____
Name of Contact: _____
Shipping Address: _____
City: _____ State: _____ Zip Code: _____

CONTACTS:

Principals(s): _____ Email Address: _____
Purchasing: _____ Email Address: _____
Accounts Payable: _____ Email Address: _____

PRIMARY TYPE OF CLIENT:

(PLEASE CHECK ALL THAT APPLY)

Residential Commercial Hospitality/Contract

BUSINESS TYPE:

Upholstery Workroom Designer – No Shop
 Drapery Workroom Designer with shop
 Retail/Fabric and/or Trim Store Event/Party Rental Company
 Furniture Company Table Linen Work Room

TRADE REFERENCE:

Company Name: _____ Phone Number: _____ Account Number: _____
Company Name: _____ Phone Number: _____ Account Number: _____
Company Name: _____ Phone Number: _____ Account Number: _____

PAYMENT TERMS:

Credit/Debit Check ACH Payment

All invoices are sent via email:

PLEASE SUBMIT THIS FORM TO SALES@EUROPATEX.COM OR FAX 201 418 8599
AND ATTACH COPY OF SIGNED RESALE CERTIFICATE OR BUSINESS REGISTRATION CERTIFICATE