

## **NEW ACCOUNT INFORMATION**

| APPLICANT INFORM   | IATION                |              |                   |                        |                 |                  |                   |  |
|--|-----------------------|--------------|-------------------|------------------------|-----------------|------------------|-------------------|--|
| COMPANY NAME:  | DATE:                 |              |                   |                        |                 |                  |                   |  |
| OWNER'S FIRST AND LAST NAME:   |                       |              |                   |                        |                 |                  |                   |  |
| PHONE NUMBER:  |                       |              |                   |                        |                 |                  |                   |  |
| SECONDARY PHONE NUMBER:  |                       |              |                   |                        |                 |                  |                   |  |
| FAX NUMBER:  |                       |              |                   |                        |                 |                  |                   |  |
| EMAIL ADDRESS: :   |                       |              |                   |                        |                 |                  |                   |  |
| WEBSITE:   |                       |              |                   |                        |                 |                  |                   |  |
| BILLING ADDRESS:   |                       |              |                   |                        |                 |                  |                   |  |
|  | PHYSICAL ADDRESS      |              | ГΥ                | STATE                  |                 | ZIP CODE         | COUNTRY           |  |
| MAILING ADDRESS: IS THE BILLING ADDRESS SAME AS YOUR SHIPPING ADDRESS? |                       |              |                   |                        |                 |                  |                   |  |
| Yes No   |                       |              |                   |                        |                 |                  |                   |  |
|  | PHYSICAL ADDRI        | ESS CIT      | ΓΥ                | STATE                  |                 | ZIP CODE         | COUNTRY           |  |
| FED/TAX I.D.:  |                       |              |                   |                        |                 |                  |                   |  |
| YEAR ESTABLISHED:  |                       | SO           | LE PROPRIETORSHIP |                        |                 | CORPORATION      | PARTNERSHIP       |  |
| PLEASE DESCRIBE YOUR BUSINESS (CHECK ALL THAT APPLY)                   |                       |              |                   |                        |                 |                  |                   |  |
| E-COMMERCE   | UPHOLSTERY DRAPERY WO |              | KROOM             | OOM WHOLESALE/RETAILER |                 | INTERIOR DESIGNE | ER EVENT DESIGNER |  |
| WHAT TYPE OF FABRICS ARE YOU MOST INTERESTED IN (CHECK ALL THAT APPLY) |                       |              |                   |                        |                 |                  |                   |  |
| UPHOLSTERY   | DRAPERY M             | ULTI-PURPOSE | SHEER             | CONTRACT               | TRIMS           |                  |                   |  |
| TRADE REFERENCE  |                       |              |                   |                        |                 |                  |                   |  |
| 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:                                       |                       |              |                   |                        |                 |                  |                   |  |
| INTERNAL PRO   | OCESSING              |              |                   |                        |                 |                  |                   |  |

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

PROCESSED BY:

PROCESSING DATE:

ACCOUNT#