

Eurocraft Cabinetry Inc

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Email: sales@eurocraftcabinetryinc.com

Website: www.eurocraftcabinetryinc.net

New Account Application

Date:

Sales representative:

1. APPLICANT INFORMATION

Full name:

Title:

Telephone:

Email:

How did you hear about us?

2. BUSINESS INFORMATION

Company Name:

Street Address:

Telephone:

Fax:

Website:

Contact name 1:

Contact name 2:

Type of Business: Corporation Partnership Sole Proprietorship

Number of years under present ownership:

Check one best describing your business

Wholesaler Retail Store Internet Seller Contractor Lic#

Resale Permit Number:

Full name of principals: corporate officers, partners, owners etc.

Owner(s):

3. ADDITIONAL INFORMATION

Current supplier(s):

Monthly purchase amount:

4. AUTHORIZATION

Applicant print name:

Signature:

Date:

5. FOR OFFICE USE ONLY

Application approved by:

Date:

Account number assigned:

Resale permit received:

Remarks: