



CABINET SOLUTIONS

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

PLEASE RETURN TO:

Cabinet Solutions Credit Department

1711 11th Ave SW
 Hickory, NC 28602
 accounting@usacabinetsolutions.com
 Fax: (828) 970-8446

BUSINESS CONTACT INFORMATION

Legal Company Name	Date business commenced
Delivery Address City, State Zip Code	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Billing Address <input type="checkbox"/> Same as Delivery	Are Purchases Taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, submit sales tax certificate)
Phone Number	Is Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number	State of Incorporation
E-mail	Federal Tax ID (EIN)

GENERAL BUSINESS AND CREDIT INFORMATION

Principal Name(s) and Title(s)	Bank name:
Residence Address City, State Zip Code	Bank Address City, State Zip Code
Phone	Phone
Social Security Number(s)	Account number
A/P Contact Name	Type of account <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
A/P E-mail	

TRADE REFERENCES

Company name	Phone
Address	Fax
City, State Zip Code	E-mail
Type of account	Contact Name
Company name	Phone
Address	Fax
City, State Zip Code	E-mail
Type of account	Contact Name
Company name	Phone
Address	Fax
City, State Zip Code	E-mail
Type of account	Contact Name

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AGREEMENT

In consideration of the extension of credit by Cabinet Solutions USA, Inc. (“the company”), the undersigned agrees:

1. That the company’s standard terms and conditions set forth on its invoices shall govern all sales to the undersigned.
2. To provide the company with a list of all parties authorized to charge on the account.
3. The undersigned will inform the company immediately by certified mail of any changes in the information or in my/our financial status and or my/our interest or position in any partnerships corporations which purchase product from the company.
4. To pay service charges on any delinquent amounts at the maximum premium rate prescribed by state law.
5. To pay all reasonable charges for collection, including attorney fees and court costs, if the account is placed with an attorney or collection agency.
6. In the event of a legal action is commenced solely to enforce any to the terms of purchase or obligations created hereby or hereinafter, the legal action will be commenced in, and the proper place of trial therefore shall be a court of competent jurisdiction in the county of Catawba, North Carolina.
7. Claims arising from invoices must be made within seven working days.
8. The undersigned hereby authorizes any of the bank or trade references listed in this application to provide the company with any and all information requested.

By signing immediately below, the undersigned acknowledges, accepts, and agrees to Cabinet Solutions USA, Inc. terms and conditions and certified that the information given herein is true and correct:

You are hereby authorized to contact any or all of the above references or any other source regarding our credit standing.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

CONTINUING GUARANTY

In consideration of Cabinet Solutions USA, Inc. (“the company”) extending credit, the undersigned personally, jointly, and unconditionally guarantee and promise to pay the company on demand, any and all indebtedness of the above-named applicant to the company. This is a continuing guarantee and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between the company and the above-named applicant, save that of payment. This guarantee shall continue in effect until the undersigned has notified the company in writing, via certified mail, of its cancellation, but such cancellation shall not alter any obligation of the undersigned prior to receipt of such written notice. Sign below to establish this personal guarantee:

The undersigned personal guarantor(s), recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guaranty, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the company, from time to time as may be needed, in the credit evaluation process.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	