



700 American Ave, Suite 100
King of Prussia, PA 19406

877-885-1608 (phone)
610-537-6041 (fax)

CREDIT APPLICATION

NEW CUSTOMER SET UP FORM

| | |
|--|--|
| Legal Company Name: | |
| Trade Name: | |
| Billing Address: | |
| | |
| Telephone: | |
| Shipping Address: | |
| | |
| Order Confirmations Fax: | |
| Order Confirmations e-mail: | |
| What type of Business: | D&B#: |
| Owner: | President: |
| Taxable: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If tax exempt, please remit a copy of your sales tax exemption form | |
| Your account cannot be set up without this document. | |
| Accounts Payable | |
| Contact Name: | |
| Contact E-mail: | |
| Contact Phone: | |
| Sales | |
| Contact Name: | |
| Contact E-mail: | |
| Contact Phone: | |



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Business/Trade References

| | |
|--|--|
| A minimum of 3 within the Furniture Industry required | |
| Company Name: | |
| Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Type of Account: | |
| | |
| Company Name: | |
| Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Type of Account: | |
| | |
| Company Name: | |
| Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Type of Account: | |



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Bank Reference Authorization

Due to the tightening of regulations in the divulging of credit information, banks require written authorization from their depositors for the release of any information in regard to their accounts. Please sign this authorization for your bank to release information on the accounts and return with the completed application.

| | |
|----------------------------------|--|
| <u>DEALER INFORMATION</u> | |
| Company Name: | |
| Contact Name: | |
| Address: | |
| | |
| <u>BANK INFORMATION</u> | |
| Account Number: | |
| Bank Name: | |
| Contact Person: | |
| Address: | |
| | |
| Phone: | |
| Fax: | |

Dealer Signature: _____

Date: _____



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Signature Page

If the applicant (owner/stockholder) has previously or is presently involved in any insolvency proceedings, bankruptcy assignments for the benefit of creditors, or other similar legal proceedings, please attach a separate page with explanation.

The account applicant acknowledges and understands that the information and representations made herein are for the purpose of Devon Office Furniture to accept their account and, where appropriate, extend credit to them in accordance with the policies of Devon Office Furniture. The account applicant certifies to Devon Office Furniture that the information provided herein is accurate and complete and recognizes that in the event any statement or representation made herein are found to be inaccurate or incomplete, Devon Office Furniture reserves the right to cease credit and/or terminate the account.

The account applicant further understands and agrees that in the event Devon Office Furniture delivers goods to the account applicant (or applicant's client) and the account applicant (or applicant's client) accepts those goods, if said applicant fails to pay for the goods delivered and accepted, then in the event that legal action is required to recover payments by Devon Office Furniture, the applicant shall be responsible for all costs of collection. This includes, but is not limited to, all monies owed to Devon Office Furniture plus interest where applicable, reasonable attorney's fees and cost of suit.

I/We, hereby agree to comply with Devon Office Furniture terms and conditions of sale. By signing this document, I/We acknowledge and agree that all delinquent invoices may bear interest at one and one half percent (1.50%) per month OR the maximum rate allowed by law.

Signature of Owner: _____ Date: _____

Signature (other): _____ Date: _____