



ORANGE CABINETRY

Orange Cabinetry Inc.

Account Application

Company Name: _____ <small>(Legal Business Name)</small> Owner's Name: _____ Company Address: _____ City: _____ State: _____ Zip Code: _____ Office#: _____ Cell Phone#: _____ Email: _____ Website: _____	Billing Address _____ City _____ State _____ Zip Code _____ Business Start-Up Year _____ Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship Other _____
Business License No(<input type="checkbox"/>) Contractor License No(<input type="checkbox"/>) # _____ Exp. Date _____ *NC Customer –Submit copy of Sales Tax License. *Out-of-State: Submit copy of Business License, Resale Permit and/ or Contractor permit. EIN# _____ OR TAX ID# _____ <i>*If copy of Sales Tax License or Resale Certificate is not provided, sales tax will be collected by Orange Cabinetry</i>	Please check those that apply: <input type="checkbox"/> Retailer <input type="checkbox"/> Retailer(without Showroom) <input type="checkbox"/> Distributor <input type="checkbox"/> Contractor <input type="checkbox"/> Interior Designer <input type="checkbox"/> Builder/Development <input type="checkbox"/> Architect <input type="checkbox"/> Other _____
Trade Reference 1 Company Name: _____ Tel: _____ Fax: _____ Address _____	Trade Reference 2 Company Name: _____ Tel: _____ Fax: _____ Address _____
Payment Preference(s) <input type="checkbox"/> Company Check <input type="checkbox"/> Cashier Check / Money Order <input type="checkbox"/> Bank Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	
AUTHORIZED PURCHASING AGENT(S): _____	
OFFICE USE ONLY /BVC CABINETRY SALES REP: _____	

ADDITIONAL DOCUMENTS REQUIRED TO OPEN A TERM ACCOUNT WITH OC

Please sign at the bottom of this page and provide the requested documentation for:

<p>Interior Designer</p> <ul style="list-style-type: none"> • Copy of current State Sales Tax license • Proof of a business Checking account • A copy of that member’s State Sales Tax License <p>Architect</p> <ul style="list-style-type: none"> • Copy of current state architect’s license • Business Card • Proof of a business Checking account 	<p>Design Related Retailer</p> <ul style="list-style-type: none"> • Copy of current State Sales Tax license • Business Card • Proof a business checking account <p>Contractor/Builder</p> <ul style="list-style-type: none"> • Copy of current city or county’s contractor’s license, if applicable • Business Card • Copy of driver’s license
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Privacy Disclaimer: Information collected, including name, phone number, email address and postal address, will only be used for the purpose of processing business or general inquires related to Orange Cabinetry Inc. and will be treated in confidence and not be disclosed to any other party. If you wish to access or correct your personal data, please send email to communications manager INFO@ORANGECABINETRY.COM

AUTHORIZATION:

By signing below, you are authorizing the Purchasing Agent(s) listed on this application to be registered with Orange Cabinetry Inc. under your state sales tax license.

SIGNATURE:_____PRINT NAME:_____DATE:_____

Please return the form to info@orangecabinetry.com thank you very much for taking the time to complete this form. We look forward to work with you in the future.