

HORIZONS[®]

WINDOW FASHIONS

ACCOUNT APPLICATION

I have an existing Horizons Account I DO NOT have a Horizons Account

Completion of all fields is required. Partially completed applications will be returned.

Business Name:			
Address (no PO Boxes):			
City:		State:	Zip:
Phone:	Fax:	Order/Ship confirmations E-mail:	
Bill To Address (if different):		Accounting E-mail:	
City:		State:	Zip:
Applicants located in IL must submit form CRT-61 Certificate of Resale. All other applicants must submit a Certificate of Resale or the Uniform Sales & Use Tax Certificate - Multijurisdiction			State Tax ID#:
If Corporation, Federal ID #:		No. of yrs. selling window fashions:	
Owner(s): (Please Print)		Sales Contact:	
		Accounting Contact:	

REQUESTED CREDIT LIMIT: \$ _____

REQUESTED CREDIT TERMS: Net 30 Prepay Charge to Credit/Debit Card @ Invoice

We accept Visa, MasterCard, Discover and American Express

THREE WINDOW FASHIONS TRADE REFERENCES ARE REQUIRED

Vendor:		Account No.:	
City:	State:	Phone#:	Fax#:
Vendor:		Account No.:	
City:	State:	Phone#:	Fax#:
Vendor:		Account No.:	
City:	State:	Phone#:	Fax#:

APPLICATION CHECKLIST

Have you provided all required information?

State Tax ID Resale Certificate Credit Limit References
 Fed Tax ID Credit Terms Contact Info

TERMS & CONDITIONS

- All invoices must be paid within terms or the account may be placed on credit hold. Accounts on credit hold will not have their orders processed until the account's outstanding invoices are current.
- Costs associated with collection fees, NSF checks, stop payment checks, legal fees, court costs and other fees related to the collection of past due invoices may be added to the account's outstanding balance.

AGREEMENT:

I hereby warrant that all information provided is accurate and current. I also understand and agree to the terms and conditions listed by Horizons Window Fashions.

Signature: _____ Title: _____

Date: _____