

New Account Application



PLUS CLOSETS
953N Larch Avenue
Elmhurst, IL 60126
Tel: (866) 826-7587 – Fax (866) 826-3248
E-mail - officeadmin@plusclosets.com

Please complete this form, sign and Fax to PLUS CLOSETS (866) 826-3248

Date: _____

Company Name: _____

Billing Address:

Street: _____

City, State, ZIP _____

Telephone: _____

FAX: _____

| |
|---|
| <p align="center">Contact Information</p> <p>Main Contact: _____</p> <p>E-Mail: _____ (required)</p> <p>Web Site: _____</p> <p>Cell Phone: _____</p> |
|---|

Do you have a dock? Yes No Type of Ownership: Sole Proprietorship Corporation

Annual Sales Volume _____ (required) Number of Designers _____

Show Room _____ Closet Display Yes No Current Closet Supplier _____

Contacts: Purchasing _____ Accounts Payable: _____

| |
|----------------------------------|
| Owners/Officers and Title |
| 1. _____ |
| 2. _____ |

FINANCIAL REFERENCES – Required

Please attach **3 Trade References** with FAX Numbers (required)

Name of Bank: _____

Phone: _____ Fax: _____

Address: _____

City, State ZIP _____

Contact Name: _____

Payment Terms: Cash with order until credit is authorized. Plus Closets is hereby authorized to contact parties indicated as part of this application for verification.

For purposes of obtaining credit, I/We certify that the information given in this application is true and accurate, and any financial information submitted correctly reflects our financial condition. I/We agree to pay all invoices within stated terms and to pay services charges on amounts paid after invoice due dates at a rate of 1.5% per month, or the maximum allowable rate, whichever is less. In event suit is instituted to collect amounts owing to you and a judgment is rendered in your favor, I/We agree to pay court costs and reasonable attorney fees. I/We have read this agreement and a copy has been made available to us or is available to us upon our requesting same from the credit department.

Applicant's Signature: _____ Date: _____