

ALDEN

HOME

New Account Form

Date: _____

Sales Rep: _____

Registered Name of Company: _____

DBA: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____ Fax #: _____ Web-site: _____

Incorporated/Founded: _____ Sales Tax #: _____ FEIN: _____ State Lic. #: _____

Corporation: _____

State: _____

LLC: _____

Partnership: _____

LLP: _____

Proprietorship: _____

Office Use Only

Customer #

D&B

Credit Limit

Approval

Co. Code

<u>Name</u>	<u>Title</u>	<u>Phone</u>	<u>Email</u>
	Owner / Pres.		
	Owner / VP		
	Buyer		
	AP Manager		

Type of Business: _____

Estimated Annual Sales Volume: _____

Total Display (SF): _____

Alden Home Display Est. (SF): _____

Property Ownership: Owned (Y/N): _____

Leased (Annual Rent): _____

Insurance Coverage: Property: _____ Contents: _____ Total Coverage: _____

Bank Reference:

Name & Address of Bank: _____
Street City State Zip

Bank Contact & Title: _____ Phone: _____

Trade References: (Business Name, Contact Name, Address, Phone #, Fax #)

1.) _____

2.) _____

3.) _____

Authorization has been given to Alden Home to: 1.) contact references and 2.) utilize outside credit reporting services to obtain credit information. The undersigned agrees to maintain all accounts with Alden Home within terms and pay monthly finance charges of 1 ½% on all past due invoices from the ship date. The undersigned further agrees to pay all reasonable cost of collection and/or actual Attorney fees and court costs for trial, post judgment and appellate proceedings. Florida law will govern all aspects of our relationship. The parties agree that all claims shall be brought in the State Court within Duval County, Florida unless the subject matter of the dispute arises exclusively under federal law, in which event the dispute shall be submitted to the United States-District Court located in the City of Jacksonville, Florida. There is a \$40.00 fee for checks presented with insufficient funds.

Print Name: _____
Officer/Owner

Signed: _____

Date: _____