

1353 W 2nd Street Taylor, TX 76574

Phone: 512.352.6355 Toll Free: 866.585.7623

Fax: 512.853.4077 order@taylorcraftdoor.com

Open A	Account Application
Company Name	
Billing Contact Name:	Billing E-mail:
Billing Address:	City/State/Zip:
Billing Phone:	Billing Fax #:
Shipping Address:	City/State/Zip:
Standard invoice method is email unless otherwise requested	
Business Information	
Date business commenced:	SSN/Tax ID:
Sole Proprietorship Partnership Corporation	Other
Will your orders be exempt from sales tax? Yes No	If yes, please submit Sales & Use Tax Resale Certificate Form.
Bank Name:	Requested Credit Limit:
Contact Name:	Phone:
Bank Routing #:	Checking Account #:
Credit Card #:	Credit Card Expiration Date:
Busine	ess/Trade References
Company Name:	E-mail:
Address:	City/State/Zip:
Phone:	
Company Name:	E-mail:
	City/State/Zip:
	Fax #:
Company Name:	E-mail:
- •	City/State/Zip:
	Fax #:
	eement and Terms
1. I (we) agree to pay TaylorCraft Cabinet Door Company for purchas from invoice date unless other credit agreements have been approved bank or with Visa, MasterCard or American Express. I (we) authorize for the dollar amount owed or due from the above named bank according for payment when past due more than 45 days. A fee will not be chan 2. I (we) understand that disputes regarding invoices and claims regardays of receipt of goods and that only the disputed portion of the invoices and submitting this application, I (we) authorize TaylorCraft Cabin supplied above. I (we), the undersigned, consent to TaylorCraft Cabin officer of the corporation, LLC, Partnership for the purpose of evaluated Additionally, I (we) the undersigned will be responsible for all coll I (we) also understand the venue for any necessary legal action shall 5. TaylorCraft Cabinet Door Company reserves the right, at their sol	ases according to TaylorCraft Cabinet Door Company's standard terms of net 15 days d. I (we) understand payment may be mailed, given by phone or fax for EFT from my the TaylorCraft Cabinet Door Company to create ACH and/or credit card transactions unt and routing number and/or credit card on file for authorized payments and/or reged for this service.  Arding condition of shipped product must be submitted in writing within seven (7) twoice may be withheld or payment will be considered past due.  Bet Door Company to make inquiries into the banking and business/trade references net Door Company obtaining a consumer credit report for the signed authorized uting the credit worthiness of the guarantor, should a SSN be provided above.  Bet client costs and reasonable attorney's fees in order to collect delinquent money.  Be at the seller's discretion and I (we) waive the right to any other venue.  Be discretion and without notice, to decline or cancel my account. A service charge of the 35th day after the billing date and again every 30 days of delinquency.
Signature:	Date:
Duint Name.	Title: