

PALECEK®

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PLEASE NOTE:

We must have an application on file even if you are requesting CASH terms. All information must be completed.

Telephone (800) 274-7730 • FAX (510) 236-0561
info@palecek.com

DATE ____ / ____ / ____

REP NAME: _____

REQUESTED TERMS:

N-30 ____ Prepaid ____

CREDIT APPLICATION*Please print or type*

()		
COMPANY NAME	PHONE	COMPANY WEBSITE:
()		
FURNITURE BUYER	FAX	
ACCESSORY BUYER		EMAIL
BILLING ADDRESS		
CITY	STATE	ZIP

SHIPPING NAME AND ADDRESS (IF DIFFERENT THAN ABOVE)		
SHIPPING NAME		
STREET		
CITY	STATE	ZIP

Owner(s) _____					
Address _____					
A/P Contact _____		Phone _____			
How long in business Under your ownership	0-5 months _____	6-12 months _____	1-2 years _____	2-5 years _____	Over 5 years _____
Type of Business?	Corp _____	Partnership _____	Solo Proprietorship _____		
Federal I D # _____		Dun & Bradstreet # _____			

PLEASE CHECK THE BOX NEAREST TO DESCRIBING YOUR BUSINESS

- | | | | | |
|--|---|---|--|--------------------------------------|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Contract Specifier | <input type="checkbox"/> Decorative Accessory | <input type="checkbox"/> Department Store | <input type="checkbox"/> Designer |
| <input type="checkbox"/> Designer Showroom | <input type="checkbox"/> Floral | <input type="checkbox"/> Furniture | <input type="checkbox"/> Gift/Stationery | <input type="checkbox"/> Packer |
| <input type="checkbox"/> Hotel/Restaurant | <input type="checkbox"/> Lifestyle | <input type="checkbox"/> Mail Order | <input type="checkbox"/> Mass Merchant | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> One Time Buyer | <input type="checkbox"/> Grocery | <input type="checkbox"/> Store with Designer | <input type="checkbox"/> Other _____ |

ESTIMATED ANNUAL RETAIL VOLUME

- | | | | | |
|---------------------------------------|--|--|--|--------------------------------------|
| <input type="checkbox"/> Under \$100K | <input type="checkbox"/> \$100K - \$200K | <input type="checkbox"/> \$201K - \$400K | <input type="checkbox"/> \$401K - \$600K | <input type="checkbox"/> Over \$600K |
|---------------------------------------|--|--|--|--------------------------------------|

BANK REFERENCES

BANK

ACCOUNT#

CITY

STATE

ZIP

TELEPHONE

CONTACT NAME

ADDITIONAL REFERENCES

PLEASE LIST COMPLETE NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE AND FAX NUMBERS & ACCOUNT NUMBER

- 1. _____
- 2. _____
- 3. _____

TERMS AND CONDITIONS

IN APPLYING FOR OPEN ACCOUNT PRIVILEGES, I AM AWARE OF THE FOLLOWING AND AGREE TO THESE TERMS.

- 1) Interest will be added at the rate of 1 1/2% per month (18% per annum on past due amounts)
- 2) Should it be necessary for Palecek to resort to a collection agency, I agree to pay all costs and Attorney fees.
- 3) Shortage/damage claims are to be made within 15 days of receipt of merchandise.
- 4) Invoicing will be made at prevailing prices.
- 5) An assessment of \$25.00 will be charged on all proved proof-of-deliveries.
- 6) I hereby authorize our bank & trade references to release information for purposes of granting credit.
- 7) Affixed signature binds signer to personally guarantee payment of amount due.
- 8) Orders under minimum are subject to a service charge of \$35.00
- 9) Non-sufficient fund (NSF) Fee \$25.00

NAME (PLEASE PRINT)

POSITION

SIGNATURE (CORP. OFFICER, PARTNER, SOLE PROPRIETOR OR AUTHORIZED COMPANY EMPLOYEE)

DATE