



# Certificate of Resale & New Account Information Form

Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address for UPS: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Federal Tin or SS#: \_\_\_\_\_ State Sales Tax #: \_\_\_\_\_

Sole

Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

How long in business?: \_\_\_\_\_ Previously in business?: \_\_\_\_\_

If "yes", where?: \_\_\_\_\_ When?: \_\_\_\_\_

Terms Requesting: COD \_\_\_\_\_ Pro Formda (CBD) \_\_\_\_\_ Open \_\_\_\_\_

A credit card authorization form is attached: \_\_\_\_\_ I have read and agree to Quilting Standards: \_\_\_\_\_

If requesting Open Account, please provide the following:

Artistic Quilting's terms are Net 10 Days. Do you plan on paying within these terms? \_\_\_\_\_

Do you understand that interest will be charged on past due accounts?

Bank Reference: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This Certificate is to be signed by the owner or partner of a business or, if a corporation, by an authorized officer.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_