

## new account qualification questionnaire

Account name: \_\_\_\_\_

Your primary business is:  Residential  Contract

Are you exclusively a showroom shopper?  Yes  No

Do you have any "sampling" at your office/home?  Yes  No

If the above answer is "Yes," what is your preferred method of sampling?

Books  Memos  Other (Please specify) \_\_\_\_\_

What is your preferred method to shop product such as furniture, carpeting and drapery hardware?

Catalogues  Showrooms  Online  Other (Please specify) \_\_\_\_\_

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Do any suppliers call on you at your office/home in the following categories?

Fabric  Yes  No

Furniture  Yes  No

Carpet  Yes  No

Drapery Hardware  Yes  No

Lighting  Yes  No

If so, must they have an appointment?  Yes  No

Who is currently your primary supplier for the following categories:

Fabric: \_\_\_\_\_

Furniture: \_\_\_\_\_

Carpet: \_\_\_\_\_

Drapery Hardware: \_\_\_\_\_

Lighting: \_\_\_\_\_

## credit application

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

### KEY BUSINESS INFORMATION \*Required field

\*Please enter the code that best describes your type of business:

Trade Name\* \_\_\_\_\_

Legal Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ Country\* \_\_\_\_\_

Prov\* \_\_\_\_\_ PC\* \_\_\_\_\_ Telephone #\* \_\_\_\_\_

Fax\* \_\_\_\_\_ Cell # \_\_\_\_\_

Owner Email\* \_\_\_\_\_

Designer Email \_\_\_\_\_

Bookkeeper Email \_\_\_\_\_

e-invoice  Yes  No *Unless otherwise specified, e-invoice will be directed to bookkeeper's email address.*  
 e-designtrade.com  Yes  No *Unless otherwise specified, accounts will be automatically enrolled in e-designtrade.*  
 Yes  No *I would like to receive correspondence via email, including promotions and marketing material.*

Please provide name, home address and telephone number of owner or an authorized officer, if incorporated.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

 Proprietorship  Partnership  Corp.

Date Established \_\_\_\_\_ PST Tax # \_\_\_\_\_ GST/HST # \_\_\_\_\_

### Terms Of Sale

Account Terms Desired\*  N-30  Credit Card  Proforma **Interim terms are Proforma until review is completed.**Credit line requested \$ \_\_\_\_\_ PO required  Yes  No

You have the option of having a monthly preauthorized payment to your credit card. By printing below you are authorizing Kravet Canada to process outstanding amounts on your account the 15th of every month. Please call 800-535-3258 ext. 2 and provide your credit card information to your credit administrator.

Authorized Signature \_\_\_\_\_

**Furniture and Carpet orders require a 50% deposit. Balance due prior to shipping. Written PO required for all orders.**

\*Fields located below are required if requesting terms

### Active Trade References\*

Name \_\_\_\_\_ Account # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

### Bank Reference\*

Name \_\_\_\_\_ Account # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Please note, our charge for returned cheques is \$35.00 per cheque.**

### Credit Information Release Authorization

I/We agree that Kravet Inc. may contact any of the references provided, as well as business and consumer reporting agencies, for the purpose of establishing or updating credit terms. I/We further certify that the information given herein is true and correct. By signing my name below, this serves as authorization for Kravet Inc. and its subsidiaries to verify the listed credit references, and for the bank and trade references listed above to release financial and credit information to Kravet Inc. and its subsidiaries concerning my request for credit consideration and to all terms and conditions listed [here](#).

 Agree to Terms and Conditions

### Credit Agreement

Should the account become delinquent, I/we will be responsible for all costs related to collection efforts, including agency fees, attorney fees and court costs.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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