

# Account Application Form

**(THIS IS NOT A CREDIT APP, WE DO NOT GIVE CREDIT TERMS)**

Company Name \_\_\_\_\_  
(Legal Business Name)

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Billing Address  \_\_\_\_\_  
(Check if same as Company Address)

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

Business Start-Up Year \_\_\_\_\_

Type of Business:

Corporation  Partnership  Sole Proprietorship

Other \_\_\_\_\_

Seller's Permit\* \_\_\_\_\_  
and/or

Contractor License\* \_\_\_\_\_ Exp. \_\_\_\_\_

*\*Please submit a copy of the owner's Driver License and a copy of Contractor License, Seller's Permit, and/or Business License, along with a completed account application form.*

EIN # \_\_\_\_\_ (optional)

Business License \_\_\_\_\_ (optional)

*\*Failure to provide the (\*) documents will result in a processing delay.*

Please check those applied

- |  |  |
|--|--|
| <input type="checkbox"/> Retailer          | <input type="checkbox"/> Retailer (Without Showroom) |
| <input type="checkbox"/> Distributor       | <input type="checkbox"/> Contractor                  |
| <input type="checkbox"/> Interior Designer | <input type="checkbox"/> Builder / Developer         |
| <input type="checkbox"/> Architect         | <input type="checkbox"/> Other _____                 |

How did you hear about us?

\_\_\_\_\_

Trade Reference 1 (optional):

Company \_\_\_\_\_ Email \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Trade Reference 2 (optional):

Company \_\_\_\_\_ Email \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Authorized Purchasing Agent(s)

*\*we will not sell to any unauthorized personnel.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application, you certify that the information and documents supplied are valid and correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY | REP:**

**PLEASE SUBMIT WITH THIS FORM A COPY OF THE OWNER'S DRIVER LICENSE, A COPY OF YOUR SELLER'S PERMIT, CONTRACTOR LICENSE, AND/OR BUSINESS LICENSE**

**Failure to send these forms will result in a processing delay**

**SOL CABINETS WHOLESALE INC**

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