



DEALER APPLICATION

BILLING INFORMATION:

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TYPE OF BUSINESS: _____ ESTIMATED ANNUAL SALES: _____

PHONE: _____ FAX: _____

LLC CORPORATION PARTNERSHIP PROPRIETORSHIP

PRINCIPLES: (full names of owners or authorized officers)

NAME: _____ TITLE/POSITION: _____

NAME: _____ TITLE/POSITION: _____

ACCOUNTS PAYABLE:

ACCTS PAYABLE CONTACT: _____

ACCTS PAYABLE EMAIL: _____

Tax Exempt: Yes No **Tax ID Number:** _____

Sales tax will only be assessed on Virginia ship-to addresses. *Please forward Form ST-10 if you are exempt in the state of Virginia.*

PLEASE READ BELOW AND SIGN:

The above information is herewith submitted for the purpose of establishing credit with RiverRun Cabinetry, Inc. I do hereby certify this information to be true and authorize all references to release information to RiverRun Cabinetry, Inc. for credit purposes. I agree to RiverRun Cabinetry, Inc.'s credit terms and understand that a 1.5% finance charge per month will be assessed on all past due balances. The buyer understands that their orders may be put on hold until resolution of overdue payment.

SIGNATURE: _____ DATE: _____