

EXPO WINDOWS FASHION, INC.
8017 Pinemont Dr. STE#100
Houston, TX 77040
Phone: 713-686-3976 Fax: 713-686-3975
www.ExpoWindowsFashion.com

ACCOUNT APPLICATION

DATE: _____

SECTION I

General Information

Company Name: _____

Company's Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Business Phone #: _____ Cell Phone #: _____

Fax Number: _____ Email: _____

of years in business: _____ Tax ID #: _____

Type of Entity (circle one): Corporation Partnership Proprietorship

State in which incorporated: _____ Years of incorporation: _____

Parent / Affiliate Name: _____

Officers/Partners/Owners

1.) Officer Partner Owner Name: _____ SS#: _____-_____-_____

Address (City, State, & Zip): _____

Phone () _____ - _____ DL#: _____ State issued: _____

2.) Officer Partner Owner Name: _____ SS#: _____-_____-_____

Address (City, State, & Zip): _____

Phone () _____ - _____ DL#: _____ State issued: _____

Requesting Account Type: Open COD Anticipated Monthly Sales Volume: \$ _____

Will you submit a financial statement upon request: Yes No

Person to contact regarding account payable: _____

Bank References

1.) Bank Name: _____

Account #: _____ Phone: _____

Address: _____ City, State, & Zip: _____

2.) Bank Name: _____

Account #: _____ Phone: _____

Address: _____ City, State, & Zip: _____

Any checks written as payment toward the account must be in the name of the applicant(s) or of the business listed on this application. Third party checks will not be accepted.

I, hereby, consent to and authorize the use of a consumer credit report on the above business and/or personal guarantor. I also authorize all references to supply Expo Windows Fashion, Inc. (EWF) with relevant information regarding our relationship.

SECTION II

I (We) understand and affirm that the information furnished EWF on this page is for the purpose of obtaining credit from your firm. I (We) certify that I (we) possess the capacity to bind my (our) firm accordingly. I (We) authorize that all accounts or money owes EWF shall be due and payable at your place of business. I (We) will, within 5 days from the date of notice that the account is past due, pay the amount due. At our discretion, past due accounts, notes, or judgments could be subject to accrual of interest at the maximum percentage authorized by the state of Texas. Accounts 60 days past due will be placed on C.O.D. Legal action could be taken if the account is 90 days of age.

In the event of NSF check activity, those balances must be resolved in an expedient manner. A service charge of \$35.00 will be applied to each returned check.

I (We) agree to pay all costs of collection, including court costs and attorney’s fees, in the event of a past due balance.

In consideration of credit being extended to the above named firm, I (we) personally guarantee all indebtedness hereunder. I (We) further affirm that this guaranty is an absolute, completed and continuing agreement, and no notice of the indebtedness or any extension of credit, either already or hereafter contracted, need be given. The terms may be rearranged, extended and/or renewed without notice to me (us).

Print Name	Title	Signature

For Office Use Only:

Account No. _____	Date Opened: _____	Sales Rep: _____
Credit Limit: _____	Terms/COD: _____	Approval: Yes No

SECTION III – Sales Tax Resale Certificate

Account Name: _____

Texas Limited Sales Tax Permit #: _____

Please attach a copy of sales tax permit along with completed application

I, the purchaser named above, claim the right to make a non-taxable purchase for the resale of the taxable items described below or on the attached order or invoice from:

Seller: Expo Windows Fashion, Inc.
8017 Pinemont
Houston, TX 77040

Description of the type of business activity generally engaged in or type of items normally sold:

The taxable items described above, or on the attached order or invoice, will be resold, rented, or leased by me within the geographical limits of the United States of America, its territories and possessions, in its present form or attached to other personal property to be sold.

I understand that if I make any use of the item other than retention, demonstration, or display while holding it for sale, lease or rental, I must pay sales tax on the item of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a misdemeanor to give a resale certificate to the seller for taxable items which I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease, or rental, and that upon conviction, I may be fined not more than \$500 per offense.

Signature (must signed by owner or officer)

Title

Date

Section IV – Vendor References

Please provide three references where you currently purchase materials on a wholesale basis.

1.) Vendor Name: _____

Vendor's Address: _____ City, State, & Zip: _____

Account #: _____ Phone: _____

2.) Vendor Name: _____

Vendor's Address: _____ City, State, & Zip: _____

Account #: _____ Phone: _____

3.) Vendor Name: _____

Vendor's Address: _____ City, State, & Zip: _____

Account #: _____ Phone: _____

Please attach your business card here.

