Davis Drapery Hardware LLC RESELLER APPLICATION

Note: Missing information may delay processing

BUSINESS CONTACT INFORMATION				
Company/Firm Name:				
Primary Address:				
Phone:	Fax:	E-mail:		
Annual Sales Volume:				
Federal ID #		Reseller Certificate ID #		
Owners/Officers (print full name):				
1.				
2.				
Sole proprietorship:	Partnership:	Corporation:	Other:	
	BUSINESS AND CRE	DIT INFORMATION		
Bank Name:				
Bank Address:		Phone:		
City:		State:	ZIP Code:	
Type of Account:		ACCOUNT INFO		
Savings				
Checking				
W		ISTRY TRADE REFERENCES		
	(MINIMUM	OF THREE)		
(1) Company Name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
(2) Company Name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
(3) Company Name:				
Address:				
City:	1	State:	ZIP Code:	
Phone:	Fax:	E-mail:		
AGREEMENT				
I hereby certify that the above is true and accurate to the best of my knowledge. I hereby authorize our bank to release any information requested by Davis Drapery Hardware, LLC. In the event that DDH has to file suit to collect any monies due, I consent to the jurisdiction of the California Courts and agree that I may be sued by them. I also agree that the non-prevailing party shall pay all the attorney's fees and court cost incurred with such litigation.				
SIGNATURES				
		2		
Print Name:		Print Name:		
Date:		Date:		

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SHIPPING INFORMATION (CHECK IF APPLIES)				
Credit Card	Debit Card			
CREDIT CARD REGISTRATION				
To charge your wholesale orders to your credit card, we must have the following information on file. The bank requires that we have the exact billing name and address for your cards when charging transactions without the actual credit card in hand.				
Persons authorized to charge purchases from DDH to these credit cards:				
Full Name:				
Primary Credit Card:	Mastercard	American Express		
Credit Card #	Exp. Date:	CVV #		
Billing Name:				
Billing Address:				
SIGNATURE & DATE				
Secondary Credit Card: O Visa	○ Mastercard	American Express		
Credit Card #	Exp. Date:	CVV #		
Billing Name:				
Billing Address:				
SIGNATURE & DATE:				
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I AUTHORIZE DAVIS DRAPERY HARDWARE LLC TO CHARGE THE INVOICE AMOUNT WITHIN THE AGREED PAYMENT TERMS.				
SIGNATURES				
И	Я			
Print Name:	Print Name:			
Date:	Date:			
Please provide a copy of your California Resale Certificate and complete attached BOE form or pay sales tax. Thank you!				
DAVIS DRAPERY HARDWARE OFFICE USE ONLY				
TOTAL DAVIS DRAPERT MAKDWAKE OFFICE USE UNLY TO				
Reseller Approved by:				
Date:	Account:			

