



Account Application

Return Completed Form
Fax: 570.300.1888

Legal Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of Business: Retail Wholesale Manufacturer Other: _____

State Incorporated: _____ Year Incorporated: _____ Federal Tax ID Number: _____

Phone # _____ Fax # _____ Accounts Payable # _____

Name of Principals _____ Title _____ Home Address _____ Contact # _____

Bank Reference

Account Type:	Bank:	Account #
Branch Address:	City:	State & Zip
Contact Person:	Title:	Contact #

Trade References/Name **Address** **Phone #** **Fax #**

The undersigned hereby declares the above information to be true and correct for the purpose of obtaining credit through Complete Millwork Solution, Corporation. In consideration for any extension of credit, purchaser also agrees to pay a service charge of one and one half (1-1/2%) percent per month (or maximum allowable contract rate under state statutes) computed on the unpaid delinquent balance until the account is paid in full. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection.

>>>PLEASE SIGN BELOW FOR PROCESSING<<<

Signature: _____ Date: _____

Print Name: _____ Title: _____