



Term account application

Thank you for your interest in doing business with The Ceramic Shop

If you are a new customer interested in 30 day terms, please fill out this application in entirety and someone from our accounts department will contact you shortly.

*indicates a required field

Name & Address

*Your Name:	*Title:
*School/ Business Name:	*Est Annual Sales in US \$:
*Date Business was Established:	
*Legal Business Address:	
Billing Address(if different from above):	
*Web Address:	
*Accounts Payable contact:	
*Email:	
*Phone:	

Company Information:

*Legal Form under which business operates: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other

DBA name, if applicable:		
*FEIN#		*Tax exempt YES or NO (circle one)

Shipping information

*Delivery Address:	
*Delivery Contact Name:	
*Email:	
*Phone#:	
*Special Delivery Instructions:	
*Address Type: <input type="checkbox"/> Business/commercial <input type="checkbox"/> Residential	
*Loading dock OR forklift at location: <input type="checkbox"/> YES <input type="checkbox"/> NO	
UPS ground account #	OR use our negotiated rates: <input type="checkbox"/>
Preferred Freight carrier:	OR use our negotiated rates: <input type="checkbox"/>
Account#:	

***Trade References**

*Trade Reference #1	*Trade Reference #2
Company Name:	Company Name:
Contact Name:	Contact Name:
Address:	Address:
Phone number:	Phone number:
Email address:	Email address:
Account Opened since:	Account Opened since:

*Trade Reference #3	Trade Reference #4
Company Name:	Company Name:
Contact Name:	Contact Name:
Address:	Address:
Phone number:	Phone number:
Email address:	Email address:
Account Opened since:	Account Opened since:

*PAYMENT AUTHORIZATION

CARDHOLDER NAME:			
BILLING ADDRESS:			
PAYMENT METHOD	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		
CARD NUMBER		EXP: /	
		CVV:	

Please note** All new accounts are required to provide a credit card for their initial order. 30 day terms will be applied to all subsequent orders. After terms are established, payments must be made within 30 days of receipt or The Ceramic Shop reserves the right to charge your card for any balance due. Consistent late payments will result in account closure..

Check here if you wish to use ACH for subsequent orders

By Signing below, you authorize The Ceramic Shop and its officers to charge the credit card listed above for the payment of goods provided according to the terms outlined in this authorization form.

Name

Title

Signature

Date

ADDITIONAL NOTES OR REQUESTS:

I hereby Certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

____/____/____
Date

COMPLETED APPLICATIONS SHOULD BE EMAILED TO
PURCHASEORDERS@THECERAMICSHOP.COM
You should expect an email response between 3-5 business days.

QUOTE REQUESTS may be sent to heidi@theceramicshop.com OR
purchaseorders@theceramicshop.com