



Essex Sales & Distribution Group, Inc.
Your Premier Window Covering Supplier

301 Route 17 South
Hillburn, NY 10931-1325
877-923-7739 FAX: 877-533-7739

Credit Application

Memberships: _____

Account # _____

Name of Business: _____

Credit Limit Desired

Address: _____

\$ _____

City: _____ State: _____ Zip Code: _____

Corporation

Business Phone: _____ Business Fax: _____ Cell Phone: _____

Partnership

Email Address: _____

Sole Proprietorship

Shipping Address (If other than above): _____

To receive invoice via email.

Address: _____

Email address: _____

City: _____ State: _____ Zip Code: _____

Type of Business: _____

@ _____

Contacts: _____

ACCOUNTS PAYABLE

PHONE #

Officers, Partners or Sole Proprietors

1: _____
NAME TITLE SOCIAL SECURITY # PHONE #

2: _____
NAME TITLE SOCIAL SECURITY # PHONE #

Federal ID# _____ Tax Id# _____ - PLEASE ATTACH FORM

Credit Card (Optional Information)

Do you desire to charge your purchases on your Amex, Discover, Mastercard or Visa? YES NO If Yes, complete the following.

Account #: _____ Expiration Date: _____

Name As It Appears On Card: _____ Authorized User: _____

Trade References

BUSINESS NAME ACCOUNT # PHONE #

BUSINESS NAME ACCOUNT # PHONE #

BUSINESS NAME ACCOUNT # PHONE #

- The information furnished on this application is for the purpose obtaining credit, and I understand that this information will be relied on for the extension of credit. I hereby clarify that the information is true, correct, and complete.
- Essex Sales & Distribution Group, Inc. is authorized to report to the proper persons and bureaus the performance of this agreement.
- Standard terms for invoices are net 30-days from the date of invoicing. Interest will be charged at the rate 1.5% per month on past due amounts
- Upon default of the terms of this agreement, Essex Sales and Distribution Group, Inc. may collect for all attorney and /or collection fees associated with the collection of any past due balances.
- My signature on this credit application authorizes Essex Sales & Distribution Group, Inc. to obtain and credit information necessary to provide me with an account.

Company Name: _____ Date: _____

Print Name: _____ Signature: _____

Account must be signed before account approval procedures.

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Essex Sales & Distribution Group, Inc.

Address: 301 Route 17 South Hillburn, NY 10931

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2-4)

Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner or Corporate Officer)

Title: _____

Date: _____



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Credit Card Authorization Form

If you are set up with Net 30 day terms and if Essex Sales & Distribution Group Inc. has not received payment within 45 days of the date of any invoice made out to the above company, then they reserve the right and will be allowed to charge the card(s) belonging to this company or owner(s) of this company for the full amount owed on the invoice(s). All orders are subject to credit hold if any invoices are past the due date.

Credit/Debit Card Type: MasterCard Visa Discover American Express

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Cardholder's Name as it appears on the Credit Card: _____

Billing address of Credit Card:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

I/We agree to furnish Essex Sales & Distribution Group, Inc. with credit card changes as necessary.

Authorization to charge credit/debit card if necessary is hereby given by:

Print Name: _____

Signature: _____

Position: _____

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