

Business Information				
Please print clearly in black ink or type (Required Fields are marked with asterisk *)				
Company Name *				
Street Address *				
City *				
State *				
Zip Code *				
Country				
Phone Number *				
Fax Number				
Email Address *				
Website				
Federal ID (SS# if Sole Proprietor) *				
Tax Exempt *	Yes	No	If yes, forward signed ST3 form	
Type of Business				
Years in Business				
Primary Business Activity *	Partnership	Soleproprietorship	Corporation	LLC
Business Premises Status	Owned	Rented	Leased	
Years at Location				
Affiliated of Previous Names of Company				
Total Annual Sales				
Requested Credit Line				
Number of Employees				
Information on Principanls (At least one required)				
1				
First Name *				
Last name *				
Title *				
Social Security Number				
2				
First Name				
Last name				
Title				
Social Security Number				
3				
First Name				
Last name				
Title				
Social Security Number				

Trade References (List at least three)

1

Business name *	
Phone Number *	
Fax Number	
Contact Name *	
Approximate Annual Purchase	

2

Business name *	
Phone Number *	
Fax Number	
Contact Name *	
Approximate Annual Purchase	

3

Business name *	
Phone Number *	
Fax Number	
Contact Name *	
Approximate Annual Purchase	

4

Business name	
Phone Number	
Fax Number	
Contact Name	
Approximate Annual Purchase	

5

Business name	
Phone Number	
Fax Number	
Contact Name	
Approximate Annual Purchase	

6

Business name	
Phone Number	
Fax Number	
Contact Name	
Approximate Annual Purchase	

Payment Authorizations (please provide either or both)

Bank Account Information and ACH Debit Authorization (all fields required)

I (we) hereby authorize Drafting & Design by Mikhail to initiate automatic _____ debit entries to my (our) Checking Account indicated below at the depository financial institution named below, for the amounts that become due on the date/dates specified below. hereinafter called Bank, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Primary Bank Checking Account #				
Routing Number				
Bank name				
Draft Date/Dates				
Phone Number				
Fax Number				

Full Name (Print)				
Signature:		Date:		

Credit Card Authorization (all fields required)

I authorize Drafting & Design by Mikhail to charge my credit card (plus 2% processing fee) for any amounts that become due on the date/dates specified below. If my credit card is expired or canceled, I agree to provide new card number and/or expiration date or otherwise pay the balance in full.

Credit Card Type	Visa	Master Card	Discover	American Express
Credit Card Number				
Name as it appears on the Card				
Expiration Date				
Three Digit Code (on back of card)				
Four Digit Code for Amex Cards				
Draft Dates				
Billing Address				
City				
State				
Zip Code				

Signature:		Date:		
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Terms and Conditions

1. The undersigned Applicant agrees to promptly make payment of all Drafting & Design by Mikhail invoices within the terms stated on each invoice and within contractual agreement. The terms agreed upon herein in this application shall be deemed incorporated in each such invoice; however, to extent that the terms of the invoices may be contradictory to terms herein, the terms of the invoices shall supersede terms herein.
2. Upon receiving of goods, Applicant shall inspect the product received. Any discrepancy between contractual agreement and actual product must be reported and confirmed within five(5) days of receipt of goods, or any claim for adjustment shall be deemed.
3. If your credit or debit card is declined for any reason, you agree to submit new card number and/or expiration date to Cadcabinets.com (D.B.A. Drafting & Design by Mikhail), and charge your card for full balance owed plus any interest and late fees. Account balances not paid within approved credit terms will be subject of service charge 1-1/2% per month. This is an annual percentage rate of 18%.
4. If your credit or debit card expires, or you cancel it for any reason, you agree to provide new card number, expiration date, name on the card and security code. You also Authorize Cadcabinets.com (D.B.A. Drafting & Design by Mikhail) to obtain new card information directly from credit or debit card bank.
5. New orders placed on open balances will be subject of C.O.D. terms and must be paid in full upon completion of work. To place a new order on 30 Day terms or Monthly Recurring Payment option terms, all previous balances due, on Open Account, or Monthly Recurring Payment Account must be paid in full.
6. The undersigned, in consideration of the extension of credit by Drafting & design by Mikhail, personally guarantees payment for any and all goods and/or services rendered by Drafting & Design by Mikhail to said creditor.
7. I, (we) confirm that the information listed on this Application for Credit is guaranteed to be true. The Applicant has not been induced by any representations not contained herein. If accepted, this will constitute the entire agreement between Seller and Applicant. Any dispute arising under this agreement will be governed by the laws of the State of New Jersey and will be resolved in the courts of the Seller's State and County.

Authorization to Release Information

I hereby authorize Drafting & Design by Mikhail to investigate the references listed above as they pertain to my credit reliability and financial responsibility. I further authorize the use of photostatic copy of this Application for Credit for submission to Trade and Bank References.

Company name:			
Print Name of Officer or Agent:			
Title of Officer or Agent:			
Signature:		Date:	