



New Account Credit Application / Confidential

SALES REP / AGENT

750 Linden Avenue, York, Pennsylvania 17404
Phone: (717) 846-4456 Fax: (717) 843-8167

Date: _____

Business Name: _____ Phone # _____

Billing Address: _____ Fax # _____

City _____ State _____ Zip _____ Email: _____

Accounts Payable Contact: _____ Phone # _____ Fax# _____

Retain Segment (check one):

<input type="checkbox"/> Airport Gift & Other Airport Stores	<input type="checkbox"/> Hobby & Model Stores	<input type="checkbox"/> Non-Chain Paint & Wallpaper Retailers
<input type="checkbox"/> Art & Craft Stores	<input type="checkbox"/> Home Improvement Stores	<input type="checkbox"/> Non-Mall Clothing Specialty Stores
<input type="checkbox"/> Chain Book Stores	<input type="checkbox"/> Home Specialty Stores	<input type="checkbox"/> Novelty Gift Stores
<input type="checkbox"/> Chain Comic Book Stores	<input type="checkbox"/> Internet Retail Entity	<input type="checkbox"/> Off Price / Closeout Stores
<input type="checkbox"/> Chain Drug Stores	<input type="checkbox"/> Mall Clothing Specialty Stores	<input type="checkbox"/> Office Specialty Stores
<input type="checkbox"/> Chain Toy Stores	<input type="checkbox"/> Mall Kiosks	<input type="checkbox"/> Party Stores
<input type="checkbox"/> Direct Mail Catalogs	<input type="checkbox"/> Mid-Tier Department Stores	<input type="checkbox"/> Regional Discount / Mass Retailers
<input type="checkbox"/> Direct Response	<input type="checkbox"/> Military Exchange Services	<input type="checkbox"/> Sporting Good Stores
<input type="checkbox"/> Educational Specialty Stores	<input type="checkbox"/> Music / Video Stores	<input type="checkbox"/> Supermarket / Grocery Store
<input type="checkbox"/> Electronics Stores	<input type="checkbox"/> National Discount / Mass Retailers	<input type="checkbox"/> Television Home Shopping Retailer
<input type="checkbox"/> Fashion Accessory Stores	<input type="checkbox"/> Non-Chain Book Stores	<input type="checkbox"/> Toy Specialty / Better Toy Chain Stores
<input type="checkbox"/> Fashion Specialty Boutiques	<input type="checkbox"/> Non-Chain Comic Book Stores	<input type="checkbox"/> Warehouse Clubs
<input type="checkbox"/> Gift Retailers	<input type="checkbox"/> Non-Chain Drug Stores	
<input type="checkbox"/> Greeting Card Stores	<input type="checkbox"/> Non-Chain Toy Stores	

Shipping Address: _____

City _____ State _____ Zip _____

Wall Coverings Contact: _____ Phone # _____

Est. Wallcoverings Sales: _____ Requested Credit Line _____

Invoice required for each order? Yes NO

Name of Parent Company: _____ Years In Business _____

(if subsidiary) _____ Date Incorporated _____

Is Company: Corporation Sub Chapter S Proprietorship Partnership

Principle of Company _____

Bank Reference _____ Address _____ City _____ State _____

Contact _____ Phone # _____ Fax # _____

Account # _____ Type of Account _____

Account # _____ Type of Account _____

Trade Reference

Name _____	Phone # _____	Fax # _____
Address _____	City _____	State _____
Name _____	Phone # _____	Fax # _____
Address _____	City _____	State _____
Name _____	Phone # _____	Fax # _____
Address _____	City _____	State _____
Name _____	Phone # _____	Fax # _____
Address _____	City _____	State _____

In consideration of extension of credit by York Wallcoverings, Inc., I agree to pay my account to the terms of the sale stated on my invoices, plus cost of collection, including attorney fees and costs should legal action be required. By signing this application, applicant authorizes York Wallcoverings, Inc. to investigate and confirm information supplied in this application and report applicant's credit experience to proper parties, including credit-reporting agencies.

IMPORTANT NOTICE:

In order to honor your resale tax exemption status, we must receive a copy of your State's **RESALE TAX EXEMPTION** form along with this Credit Application.

Name of Applicant

Company Name

Signature

Title

Date

In accordance with the Federal Credit Opportunity Act, York Wallcoverings does not discriminate against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age. If upon review, credit is denied, applicant has the right to request in writing within 60 days the reasons for denial of credit.