



New Account 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 _____

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

* Orders less than \$250.00 must be prepaid by Visa or Mastercard.