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| C:\Users\whumphrey\OneDrive\Logos\WoodbridgeLogoBLACKhorizontal.png | | | | | | | | | | | | | | | | | | | | |
|
| **Fax: 336-887-6411 115 Don Truell Lane, Thomasville, NC 27360 Phone: 336-887-8246** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| CUSTOMER INFORMATION and CREDIT APPLICATION | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Customer Name: | | | | | |  | | | | | | | | | |
| Contact: | |  | | | | | | | | | Title: | | | |  | | | | | |
| Phone: |  | | | | | | | | Alternate Phone: | | | | | |  | | | | | |
| Fax: |  | | | | | | | | Mobile Phone: | | | | | |  | | | | | |
| E-mail Address: | | | | |  | | | | | | | | | | | | | | | |
| Contact: | |  | | | | | | | | | Title: | | | |  | | | | | |
| Phone: |  | | | | | | | | Alternate Phone: | | | | | |  | | | | | |
| Fax: |  | | | | | | | | Mobile Phone: | | | | | |  | | | | | |
| E-mail Address: | | | | | **Required** | | | | | | | | | | | | | | | |
| Bill To Address: | |  | | | | | | | | Ship To Address: | | | | | **No Drop Shipments** | | | | | |
|  | | | | | | | | **Does this address have a loading dock (Y/N)?** | | | | | |
|  | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |
| Preferred Furniture Carrier: | | | | | | |  | | | | | | | | | | | | | |
| Tax ID Number: | | | **Certificate must be received with the application** | | | | | | | | | | | | | | | | | |
| Terms | | | | | YES ­­­\_\_\_ NO \_\_\_\_ | | | | | | | | | | | | | | | |
| **BANK REFERENCES** | | | | |  | | | | | | | | | | | | | | | |
| Bank: |  | | | | | |  |  | | | | Price Level: | | | | | |  | | |
| Mailing Address: | | | |  | | | | | | | | Phone No.: | | | | | |  | | |
| Contact: | | | | | | | | | | | | | | | | | | | | |  | | |
| Account No.: |  | | | | | | | | |  | | |  | | | | | | Fax No.: |  |
|  | | | | |  | | | | | | | | | | | | | | | | Account No.: |  |
| Bank: | | | | |  | | | | | | | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | Phone No.: | | | | | | |  | | | |
| Contact: | | | | | | | | | | | | | | | | | | | | |  | | |
| Account No.: |  | | | | | | | | |  | | | |  | | | | | Fax No.: |  |
|  | | | | |  | | | | | | | | | | | | | | | |
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**TRADE REFERENCES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | |  | | | |
| Address: |  | | | | | |
| Contact: |  | | | Account Opened Since: | |  |
| Phone No.: | |  | | Fax No.: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | |  | | | |
| Address: |  | | | | | |
| Contact: |  | | | Account Opened Since: | |  |
| Phone No.: | |  | | Fax No.: |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | |  | | | |
| Address: |  | | | | | |
| Contact: |  | | | Account Opened Since: | |  |
| Phone No.: | |  | | Fax No.: |  | |

**\* All new accounts requesting 30 day terms for payment will be required to have a Credit Card on file in case their account becomes past due. A reminder will be sent out approximately 15 days prior to credit card being charged. If no response or payment received, the credit card on file will be charged for the entire balance due and standard 3% credit card processing fee on day 45. Please refer to credit card authorization form on page 3.**

**STATEMENT OF ACCURACY AND PERMISSION TO VERIFY**

I hereby certify that the information contained in this credit application is complete and accurate. This information has been furnished with the understanding that it is to be 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.

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Signature Date