Account Application *This is NOT A CREDIT APPLICATION

Company Name(Legal Business Name)	Billing Address
Owner's Name	(Check if same as above) CityStateZip
Company Address	
CityStateZip	Business Start-Up Year
Office #Cell Phone#	Type of Business:
Fax #Email	Corporation Partnership Sole Proprietorship
Website	Other
Contractor License No.	Please check at least one: Retailer Retailer (Without Showroom)
Exp. Date	Distributor Contractor
OR	Interior DesignerBuilder/DeveloperArchitectOther
Business Linceses No:	
	How did you hear about us? (Check each that apply)
	Referred by a Friend Google Internet
EIN #	TV Blue Book KBIS Show KBB Magazine KBDN Magazine
Resale#	Other
TRADE REFERENCE 1	
COMPANYTEL ADDRESS	
TRADEREFERENCE2	
COMPANYTEL	FAX
ADDRESS	
WHAT PRODUCT(S) ARE YOU INTERESTED IN OTHER THAN	NCABINETRY?
(OPTIONAL)	
AUTHORIZED PURCHASING AGENT(S):	
OFFICE USE ONLY / J&K Cabinetry Rep.:	



J&K CABINETRY NC LTD 3071 BUSINESS PARK DR RALEIGH, NC 27610-3057 Tel: 919-872-3830 F: 919-872-4506 Email: sales@jkcabinetrync.com

REQUIRED DOCUMENTS:	
>Business Owner's Driver's License	
>Sales Tax Permit (Form E-595E, required for sales tax exemption)	
>Contractor's License (if applicable)	
>Voided Business Check	
>Business card	
>Owner's Authorization (Signature required at bottom of this page	
>County's Tax Rate:	

AUTHORIZATION OF OWNER

AUTHORIZATION FOR USE OF SALES TAX LICENSE: By signing this you are allowing the "AUTHORIZED PURCHASING AGENT" to be registered with the J&K under your State Sales Tax License.

SIGNATURE: _____ PRINT NAME: _____

DATE:

PLEASE EMAIL TO sales@jkcabinetrync.com OR FAX TO (919) 872-4506