

Account Application *This is NOT A CREDIT APPLICATION

Company Name _____ <small>(Legal Business Name)</small> Owner's Name _____ Company Address _____ <small>*NO PO Box Address!</small> City _____ State _____ Zip _____ Office # _____ Cell Phone# _____ Fax # _____ Email _____ Website _____	Billing Address _____ <small>(Check if same as above)</small> City _____ State _____ Zip _____ _____ Business Start-Up Year _____ Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship Other _____ <small>*If Sole proprietorship, please provide your EIN confirmation letter from IRS.</small>																	
Contractor License No. _____ Exp. Date _____ <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OR</p> Business Linceses No: _____ EIN # _____ Resale# _____	<p style="text-align: center;">Please check at least one:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Retailer</td> <td><input type="checkbox"/> Retailer <small>(Without Showroom)</small></td> </tr> <tr> <td><input type="checkbox"/> Distributor</td> <td><input type="checkbox"/> Contractor</td> </tr> <tr> <td><input type="checkbox"/> Interior Designer</td> <td><input type="checkbox"/> Builder/ Developer</td> </tr> <tr> <td><input type="checkbox"/> Architect</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>How did you hear about us? (Check each that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Referred by a Friend</td> <td><input type="checkbox"/> Google</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> TV</td> <td><input type="checkbox"/> Blue Book</td> <td><input type="checkbox"/> KBIS Show</td> </tr> <tr> <td><input type="checkbox"/> KBB Magazine</td> <td><input type="checkbox"/> KBDN Magazine</td> <td></td> </tr> </table> Other _____	<input type="checkbox"/> Retailer	<input type="checkbox"/> Retailer <small>(Without Showroom)</small>	<input type="checkbox"/> Distributor	<input type="checkbox"/> Contractor	<input type="checkbox"/> Interior Designer	<input type="checkbox"/> Builder/ Developer	<input type="checkbox"/> Architect	<input type="checkbox"/> Other _____	<input type="checkbox"/> Referred by a Friend	<input type="checkbox"/> Google	<input type="checkbox"/> Internet	<input type="checkbox"/> TV	<input type="checkbox"/> Blue Book	<input type="checkbox"/> KBIS Show	<input type="checkbox"/> KBB Magazine	<input type="checkbox"/> KBDN Magazine	
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TRADE REFERENCE 1 COMPANY _____ TEL _____ FAX _____ ADDRESS _____																		
TRADE REFERENCE 2 COMPANY _____ TEL _____ FAX _____ ADDRESS _____																		
WHAT PRODUCT(S) ARE YOU INTERESTED IN OTHER THAN CABINETRY? (OPTIONAL) _____																		
AUTHORIZED PURCHASING AGENT(S): _____ _____																		
OFFICE USE ONLY / J&K Cabinetry Rep.:																		

Please submit a copy of the business owner's ID along with this application.
 If your business is a sole proprietorship, please provide a copy of your EIN confirmation letter from the IRS or other official government letters as proof of your business ownership.