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International Inc.
DISTINCTIVEDESIGNS™



CREDIT APPLICATION

(Both Pages Must Be Filled Out Completely and Signed)

Company Name: _____

Mailing Address: _____

City: _____ State/Prov: _____ Postal Code: _____ Country: _____

Shipping Address: _____

City: _____ State/Prov: _____ Postal Code: _____ Country: _____

Telephone #: _____ Fax #: _____ Email: _____

Type of Company (check one): Proprietorship Corporation Partnership

Year Established: _____ At Present Location Since: _____ Certificate of Resale #: _____

If Proprietorship or Partnership, Social Security # of Owner(s): _____

If Corporation, Federal Tax ID #: _____ And, State of Incorporation: _____

Name of Owner(s): _____ Home Phone: _____

Home Address: _____ City: _____ State/Prov: _____ Postal Code: _____ Country: _____

1. Principal: _____ 3. Buyer: _____

2. Principal: _____ 4. Accounts Payable: _____

Type of Organization (check the one that best represents your company):

- | | | |
|--|---|--|
| <input type="checkbox"/> Furniture Store | <input type="checkbox"/> Gift or Specialty Store: Specify: _____ | <input type="checkbox"/> Mail Order / E-commerce Catalog |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Contract Design Firm | <input type="checkbox"/> Hotel / Motel / Hospitality |
| <input type="checkbox"/> Home Accent Specialty Store | <input type="checkbox"/> Interior Designer/Decorator: | <input type="checkbox"/> Model Home Specifier |
| Florist: | <input type="checkbox"/> Stocking | <input type="checkbox"/> Office Furnishings Retailer |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Non-stocking | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Furniture Gallery Program | |
| <input type="checkbox"/> Nursery/Garden Center | | |

TRADE REFERENCES (for faster responses, please supply all references' fax numbers)

LYONS # & Rating: _____ GAIN Rated: Yes / No

Name: _____ Phone #: _____

Address: _____ Fax #: _____

Account #: _____

City: _____ State/Prov: _____ Postal Code: _____ Contact Person: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

Account #: _____

City: _____ State/Prov: _____ Postal Code: _____ Contact Person: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

Account #: _____

City: _____ State/Prov: _____ Postal Code: _____ Contact Person: _____

In addition to the trade references you provided on page one, please check at least five (5) firms with which you currently do business. For your convenience, we have listed major suppliers that respond quickly to credit inquiries.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Drew | <input type="checkbox"/> Fantastic Graphics, Inc. | <input type="checkbox"/> O'Asian Designs, Inc. |
| <input type="checkbox"/> American of Martinsville | <input type="checkbox"/> Flexsteel Industries | <input type="checkbox"/> Paoli, Inc. |
| <input type="checkbox"/> Art-Flo | <input type="checkbox"/> Floral Art Designs | <input type="checkbox"/> Pacific Rim |
| <input type="checkbox"/> Artisan House, Inc. | <input type="checkbox"/> Franklin Picture Co. | <input type="checkbox"/> Pulaski Furniture Corp. |
| <input type="checkbox"/> Artmaster Studios | <input type="checkbox"/> Guildmaster | <input type="checkbox"/> Reprocrafters |
| <input type="checkbox"/> Austin Productions | <input type="checkbox"/> Hamilton Collections | <input type="checkbox"/> Sarreid, Ltd. |
| <input type="checkbox"/> Barclay's American | <input type="checkbox"/> Henredon Furniture Co. | <input type="checkbox"/> Seabrook Wallcoverings |
| <input type="checkbox"/> Bassett Furniture | <input type="checkbox"/> Hickory Chair Co. | <input type="checkbox"/> Sealy Furniture |
| <input type="checkbox"/> Bernhardt Furniture | <input type="checkbox"/> Hickory Mfg. | <input type="checkbox"/> Sedgefield by Adams |
| <input type="checkbox"/> Brown Jordan | <input type="checkbox"/> Interlude / Ombay / Sept Woods | <input type="checkbox"/> Simmons USA |
| <input type="checkbox"/> Broyhill Furniture | <input type="checkbox"/> Jim Marvin Enterprises | <input type="checkbox"/> Stanley Furniture |
| <input type="checkbox"/> Cal-Style Furniture Mfg. | <input type="checkbox"/> Kravet Fabric | <input type="checkbox"/> Stiffel Company |
| <input type="checkbox"/> Carter Industries | <input type="checkbox"/> La-Z-Boy Chair Co. | <input type="checkbox"/> Stone County Ironworks |
| <input type="checkbox"/> Casual Lamps | <input type="checkbox"/> The Lane Company, Inc. | <input type="checkbox"/> Thomasville Furniture |
| <input type="checkbox"/> Century Furniture | <input type="checkbox"/> Lifestyles Furn. Int'l, Ltd. | <input type="checkbox"/> Toyo Trading Co. |
| <input type="checkbox"/> David Marshall | <input type="checkbox"/> Mar-Kel Lighting | <input type="checkbox"/> The Uttermost Co. |
| <input type="checkbox"/> David Thomas Lamps | <input type="checkbox"/> Montaage | <input type="checkbox"/> Vanguard Studios |
| <input type="checkbox"/> Decorative Crafts | <input type="checkbox"/> The Natural Light | <input type="checkbox"/> Virginia Metalcrafters |
| <input type="checkbox"/> Dixie Furniture Co. | <input type="checkbox"/> Norwalk Furniture Co. | |
| <input type="checkbox"/> Douglas Furniture | <input type="checkbox"/> Nova / Melmar of Calif. | |
| <input type="checkbox"/> Elements by Grapevine | <input type="checkbox"/> Oriental Lacquer | |

Distinctive Designs extends *credit privileges* within the guidelines stated below:

Distinctive Designs shall allow normal payment terms of net 30 days from invoice date. An interest charge of 1 1/2 % per month will be assessed against all accounts that are over 30 days old. These accounts shall also be contacted for payment. Distinctive Designs retains the right to alter these privileges when orders are accepted.

I / We (the undersigned) understand that if credit terms are granted by Distinctive Designs, I / We agree to pay all invoices within these terms. I / We understand also that no additional credit will be granted if any invoice remains unpaid 30 days beyond terms of sale. Only amounts that Distinctive Designs recognizes as in dispute shall be exempt. I / We agree to pay all collections costs incurred by Distinctive Designs should Distinctive Designs deem it necessary to place my / our account in the hands of a collection agency or attorney.

Company Name: _____ Date: _____

Officer's Signature: _____ Name & Title: _____

SALES TAX CARD

Account Name: _____

Street Address: _____ City: _____ State: _____ ZIP Code: _____

I / We hereby certify that all of the tangibles which I / we have purchased or shall purchase from Distinctive Designs are for the purpose of resale in the form of tangible personal property. This certificate shall be notice and be considered as part of each order which I / we have given or shall give. This certificate shall be in effect until revoked in writing by us, the undersigned company, to Distinctive Designs.

CERTIFICATE OF AUTHORITY

Registration #: _____ Date: _____

Signature: _____ Title: _____

AUTHORIZATION FOR YOUR BANK TO RELEASE INFORMATION

Please provide banking information to Distinctive Designs. This information is requested for use in the extension of credit for only business purposes and will be held in strictest confidence.

Name of Bank: _____ Checking Account #: _____

Name of Account: _____ Date: _____

Authorized Signature: _____ Title: _____

Bank's Phone #: _____ Bank's Fax #: _____