BLINDS CALIFORNIA

Ontario, CA
1230 E. Belmont St,
Ontario, CA 91761
(909) 660-6000 Office
info@blindscalifornia.com

New Customer Application

Legal Entity:

- ☐ Sole Proprietor
- ☐ Corporation
- ☐ Partnership
- ☐ Limit Liabilities Company (L.L.C.)
- ☐ Other _____

Business Operated From:

- ☐ Retail Store Front
- ☐ In-Home Business
- ☐ Industrial Center
- ☐ eCommerce

Blinds California OFFICE USE ONLY

Acct #:
Account Manager:
Approval:

Estimated Monthly Purchases: $ _____ # Locations: _____ # Employees: _____

General Information

Legal Name		Phone	
Trade Name (DBA)		Fax	
Address		Website	
City, State, Zip		E-Mail	
Years in Business		Fed.ID	

Personal Information of President, Owner, CEO, Partners

Name & Title		Name & Title	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Cell/E-mail		Cell/E-mail	
Social Security		Social Security	

Billing / Accounting contact information

Name & Title		Name & Title	
Address		Address	
City, State, Zip		City, State, Zip	
Account No.		Account No.	
Phone		Phone	
E-Mail		E-Mail	

The undersigned hereby authorize Blinds California to review any information provided for the purpose of establishing credit. It is agreed that the undersigned will hold harmless the companies engaging in the exchange of such information and understands that the information provided is used for credit worthiness as a routine business practice. I also authorize release of my credit information to a credit service agency for the purpose of establishing an account with Blinds California.

Authorized Signature	Company Name
Print Name	Date

IMPORTANT! Application Cannot Be Processed Without Customer Signature

Trade References

Name	
Address	
City, State, Zip	
Account No.	
Phone	
Fax/Email	

Name	
Address	
City, State, Zip	
Account No.	
Phone	
Fax/Email	

Name	
Address	
City, State, Zip	
Account No.	
Phone	
Fax/Email	

Name	
Address	
City, State, Zip	
Account No.	
Phone	
Fax/Email	

By: _____ _____

Authorized Signature (Print Name) Date

Personal Guarantee

(Filled out by person requesting credit on behalf of a Company))

The undersigned, in consideration of you extending credit at my request to _____(hereinafter referred to at the "Company") hereby personally guarantee to you payment of any obligation of the Company and I hereby bind myself to pay you on demand any sum which may become due to you by the company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guarantee and identity for such indebtedness of the company. I do hereby waive notice of default, non-payment and extension of credit. The undersigned guarantor agrees to pay, in the event the amount becomes delinquent and is turned over to any attorney for collection, attorney's fee and all attendant collection costs. It is understood that this guaranty may be enforced without first having to sue the corporation of business which has incurred the debt. For purposes of the guaranty it is agreed that I will be responsible for the corporate or business debt even though my name does not appear on the invoices or billings.

By: _____ _____

Authorized Signature (Print Name) Date

Purchase Agreement

TERMS	Due and payable in full within established time from date of invoice unless otherwise agreed upon in writing.
LATE PAYMENT	Past due amounts are subject to late payment service charges of 1.5% per month, Blinds California reserves the rights to hold customer orders, switch payment terms, submit delinquent account history and information to industry credit agencies, and pursuit legal actions.
NSF CHECKS	A service charge of $30 will be applied to each returned check.
RETURNS	Blinds California does not accept returns.
FREIGHT DAMAGE CLAIMS	Customer assumes full responsibility of all goods when goods are received and signed for by Customer or Agent (**including any obvious or hidden freight damage if Supplier is not notified within 48 hours**).
TITLE	Title to any and all goods or materials hereafter purchased shall remain with Supplier until the full purchase price has been paid.
FAILURE TO PAY OR INSOLVENCY	Failure by customer to pay any part of the purchase price when due, or in the event that proceeding in bankruptcy, receivership, or insolvency are instituted by or against Customer or his property, supplier may, at its option, cause the entire unpaid balance to become due and immediately payable, and supplier shall have the right to enter at anytime without notice upon the premises where any of the materials purchased by Customer are located. Customer hereby expressly waives any right to action which may occur by reason on the entry for taking possession of or the selling of said materials and agrees to pay all costs incurred with respect thereto including service charges, all 3rd party collection fees, finance charges, reasonable attorney's fees and court costs.
ENTIRE AGREEMENT	This Agreement covers all materials which Customer may hereafter acquire at any time from Supplier. This contract constitutes the entire Agreement with Supplier. No waivers or modifications shall be valid unless the same are in writing and executed by both parties hereto. This contract shall apply and accrue to the benefit of, and be binding upon, the heirs, executors, administrators, successors, and assigns of the respective parties. This Agreement applies to all invoices.
LITIGATION	In the event of any litigation arising out of this agreement, Supplier shall be entitled to its reasonable costs and expenses incurred including attorney's fees.
STATE LAWS	This Purchase Agreement shall be governed by the laws of the State of California.
RECEIPT OF COPY	Customer hereby acknowledges the receipt of a copy of this Agreement at the time of its execution.

By: _____ Company Name: _____

(signature)

Position: _____ Date Accepted: _____

Resale Certificate

Please complete and return form with a copy of your original seller's permit. **All accounts without completed forms will be charged sales tax.**

_____
Name of Purchaser

_____
Address

_____
Address

_____
City, State, Zip

I hereby certify that: I hold valid sellers permit No. _____ issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling _____; That the tangible personal property described herein which I shall purchase from Blinds California will be resold by me in the form of tangible personal property provided, however, that in the event of any such property is used for any purpose other than retention, demonstration, or display while holding it for such sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property.

Description of property to be purchased;_____

By: _____ Print Name: _____
(signature of purchaser or agent)

As: _____ Date Accepted: _____
(position/title)

Phone Number: _____

BLINDS CALIFORNIA

Thank you for giving us the opportunity to service your wholesale custom window covering needs. We know you have many choices when it comes to selecting a fabrication source and we will do our best to provide the highest level of quality products and services at the industry's most competitive wholesale prices. We appreciate your taking the time to complete our Customer Application Form in its entirety and we look forward to manufacturing your custom orders.

Blinds California Management

Thank You

BLINDS CALIFORNIA

1230 E. Belmont St, Ontario, CA 91761
909-660-6000

Credit Card Authorization Form

Would you like to keep a copy of this document on file for future use?

Yes ☐ No ☐

I,_____, authorize Blinds California to charge my credit card for the following:

Invoice # _____ Amount authorized _____ Cardholder email _____

Credit Card information:

Card type

- ☐ MasterCard
- ☐ Discover
- ☐ VISA
- ☐ AMEX
- ☐ Other _____

Card number _____

Cardholder (Name as it appears on the card) _____

Street Address _____

Billing zip code _____ Expiration date (MM/YYYY) _____ Security Code _____

By signing this credit card authorization form, I acknowledge and understand that the products and services provided by Blinds California is non-refundable. I am also waiving my right to dispute this charge with my bank for claims of products and services received and not received or other similar claims.

Customer signature _____ Date _____

*A 3.5 % Transaction Fee will be charged to the total amount. Initials _____