

Bourbon Blinds, LLC — Dealer Credit Application



1. Applicant Information

Business Name: _____ DBA: _____
 Billing Address: _____ City/State/ZIP: _____
 Shipping Address (if different): _____
 Phone: _____ Email: _____ Website: _____
 Business Type: Corp Partnership LLC Sole Proprietor EIN: _____ Years in Business: _____
 Accounts Payable Name: _____ AP Email: _____ AP Phone: _____

2. Owners / Officers / Principals

Name	Title	% Own	Phone	Email

3. Bank Reference

Bank	Acct #	Contact	Phone/Email	Years w/Bank

4. Trade References

Company	Contact Person	Phone	Email	Credit Limit	Years

5. Standard Credit Terms

Requested credit limit: \$ _____ Net 30 from invoice date.
 2% monthly service charge on past-due balances. Title to goods remains with Bourbon Blinds, LLC until paid in full.

6. Personal Guarantor (Required for Sole Proprietor / Partnership)

Name: _____ SSN: _____
 Address: _____ City/State/ZIP: _____
 Phone: _____ Email: _____

I personally guarantee payment of all obligations incurred by the above Applicant.

Signature: _____ Date: _____

Bourbon Blinds has my consent to contact any of the references listed above to solicit account information within generally acceptable credit reporting guidelines. My signature below attests financial responsibility and agreement to pay Bourbon Blinds invoices within terms. I further understand that I remain liable for freight charges if I refuse an order through no fault of Bourbon Blinds. If Bourbon Blinds seeks assistance to collect my account, I agree to pay reasonable collection, attorney, and court fees. I attest that I have the authority to execute this agreement on behalf of my company and that the above is true and correct to the best of my knowledge.

Officer Signature: _____ Title: _____
 Printed Name: _____ Date: _____

Confidential

We must receive a copy of your sales tax exemption
 Submit completed application to: info@bourbonblinds.com (574) 248-5221