

## Kandila Blinds & Shades LLC

## **Dealer Application**

Kandila Blinds & Shades LLC Phone: (425)-300-9400 kandilablinds.com

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Co	mpany Information			
Business Name:			Address:	
City/State/Zip:		PI	hone:	Fax:
Tax	κ ID/EIN #:	D & B:	Sales Ta	ax Permit #:
Pu	rchasing Contact			
Naı	me:		Email:	
Ac	counting Contact			
Naı	me:		Email:	
Co	mpany Type			
	Proprietorship	Partnership	Corporation	LLC
Pri	incipal Owners/Officers			
1)	Name:		Title	
-)				
2)	Name:		Title:	
,	Residence Address:		Phone #:	
3)	Name:		Title:	
Ba	nk References			
	Name:	Pho	ne:	Date Opened:
	Account #:	Officer's	Name/Title:	
Tra	ade References			
1)	Company:		Phone #:	
				±:
2)				
	• •			
	City/State/Zip:		Account #	<u> </u>
3)				
	Street Address:		Fax #:	
	City/State/Zip:			
all o	outstanding balances in full with sonable collection costs, attorney	nin the terms stated on applicable in	nvoices. If, however, this account to collect any sums due and owir	ting agency. The applicant also promises to pay at is not paid as agreed, applicant agrees to pay ag and agrees to pay finance charges of 1.5% pe
Signed:			Date:	
Pe	rsonal Guarantee			
app here app app or p	plicant be an individual or individ reby expressly waive all notice of plicant, protest and notice to ur plicant, undersigned guarantor or partial compromise, all other no	duals, a proprietorship, a partnershi f acceptance of this guarantee, noti ndersigned guarantor or guarantor r guarantors or any affiliate or subs	p, a corporation, or other entity ce of extension of credit to appli s to dishonor or default by app idiaries extension of time of payl arantor or guarantors might of	ant for merchandise to be purchased, whether, the undersigned guarantor or guarantors each cant, presentment, and demand for payment on blicant or with respect to any security held by ment to applicant acceptance of partial payment therwise be entitled and demand for payment Manager
S	igned: (to be signed by pring	cinal)	Date:	
	(to be signed by princ	apai)		
	For Office Use Only	Credit Approved Date:	A	mount:
"	or office use utily	N A	D	

\*Please attach a reseller permit to your email, info@kandilablinds.com