



# FRAMERS' INVENTORY

## WHOLESALE CUSTOMER APPLICATION

(Fax to 503-238-3899/ 888-565-9095 or email to Diana@fipdx.com)

Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_ (to be used for product updates/ company info ONLY)

Legal entity: Corporation Partnership Sole proprietorship Other: \_\_\_\_\_

Own or lease building? \_\_\_\_\_ Lessor: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Annual Sales Volume: \_\_\_\_\_

Parent Company: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Types of products needed: \_\_\_\_\_

Have you done business with us before? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Who are you currently buying from? \_\_\_\_\_

Special requests: Price book Catalog Specifiers: \_\_\_\_\_

Terms:  COD  Credit card: # \_\_\_\_\_ Expiration \_\_\_\_\_ Verification code \_\_\_\_\_

Open term requests must be accompanied by a completed Credit Application and are subject to approval. Please complete the Credit Application on the reverse side.

Officer/ Owner Names: \_\_\_\_\_ Title: \_\_\_\_\_ Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accounting contact/ bookkeeper name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business license# \_\_\_\_\_ Federal tax ID/ SS#: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Framer/contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

The information supplied on this form is, to the best of my knowledge, true. I understand that if the information cannot be verified, my business will not qualify as a wholesale purchaser at Framers' Inventory, Inc.

In consideration of your extension of credit, in such terms, at such times and in such amounts as you deem proper, the undersigned, as Guarantor does hereby unconditionally guarantee to Framers' Inventory, Inc., its successors and assigns, punctual payment in full, when due, of all invoices and accounts, and in all other indebtedness which PRINCIPAL does now or may hereafter owe you.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_