

Account Application



<p>Company Name _____</p> <p>Owner's Name _____</p> <p>Company Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Office # _____ Fax# _____</p> <p>Cell Phone # _____</p> <p>Email _____</p> <p>Website _____</p>	<p>Billing Address (Check Box if same) <input type="checkbox"/></p> <p>Billing Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Business Start-Up Year _____</p> <p>Type of Business: (Check which applies)</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship</p>
<p>Business License No. / Contractor License No.</p> <p>_____ Exp. Date _____</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OR</p> <p>Seller's Permit _____</p> <p><small>* FL Customer: Fill out "Resale Certificate" and submit a copy of the resale permit * Out of State: Submit a copy of Business License, Resale Permit and/or Contractors Permit</small></p> <p>EIN # _____</p>	<p>Preferred Form of Contact:</p> <p><input type="checkbox"/> Phone/ Text: _____</p> <p><input type="checkbox"/> E-mail: _____</p> <p>Check which applies:</p> <p><input type="checkbox"/> Retailer <input type="checkbox"/> Retailer Without showroom <input type="checkbox"/> Distributor</p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Interior Designer <input type="checkbox"/> Architect</p> <p><input type="checkbox"/> Developer <input type="checkbox"/> Other _____</p>
<p>Authorized Purchasing Agent(s)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
<p>OFFICE USE ONLY - JK Cabinetry Rep.: _____</p>	

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