



NEW CABINET COMPANY

CUSTOMER ACCOUNT APPLICATION

Please **COMPLETE** all information in detail and return to us as soon as possible

ARIZONA CUSTOMERS <<Please include a copy of your current contractor license / resale license>>

BUSINESS INFO:

Company Name: _____ Date: _____
 Owner's Name: _____ Office #: _____
 Street Address: _____ Cell Phone: _____
 City: _____ Fax #: _____
 State: _____ Zip Code: _____ Email: _____
 State Resale Permit: _____ Website: _____
 EIN #: _____ Years In Business _____
 Type Of Business: Corporation ___ Partnership ___ Sole Proprietorship ___ Other _____

List Below the Name(s) of Officers, Partners or Sole Owner:

<u>Name</u>	<u>Email</u>	<u>Cell Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Check All Applicable:

Retailer (With a Showroom) Retailer (Without a Showroom) Distributor
 Contractor Interior Designer Builder/Developer
 Architect Other: _____

Trade Reference # 1

Company Name: _____ Tel: _____
 Address: _____

Trade Reference # 2

Company Name: _____ Tel: _____
 Address: _____

How did you hear about us?

Referred by a Friend (if yes, who is it?) _____
 Yellow Pages Blue Book Internet Instagram Facebook Other: _____

Do you have a kitchen design program?

No Yes (if yes, what program?) _____

Do you need us to help with you with the kitchen design?

No Yes

What other cabinet line(s) do you carry?

INSTRUCTIONS:

Please scan and email your completed application along with a copy of your State Resale Certificate / Contractor License to dealer@newcabinetcompany.com, or fax all documents to 480-967-0670. To be processed, your application must include a copy of your State Resale Certificate and TWO CURRENT INVOICES from a distributor you are currently dealing with for account verification. Please indicate if you are new to the industry. Thank you very much for considering partnering with us. If you have any questions, free to give us a call at 623-201-8770.