



APPLICATION INFORMATION

DATE COMPLETED	FORM COMPLETED BY	TOUCH SALES REP (IF KNOWN)	
REQUESTED ACCOUNT / PAYMENT METHOD			
Prepaid	Credit Card	ACH / eCheck	Open Account (credit approval required)

COMPANY INFORMATION

LEGAL COMPANY NAME	DBA / TRADE NAME		
ENTITY TYPE (CORP., LLC, PARTNERSHIP, SOLE PROP.)		FEDERAL EIN	BUSINESS LICENSE NO.
WEBSITE	YEARS IN BUSINESS	NO. OF EMPLOYEES	
TYPE / NATURE OF BUSINESS			

ADDRESSES

BILLING ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
Shipping address is the same as billing address			
SHIPPING / SHOP ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY

PRIMARY CONTACTS AND COMMUNICATION PREFERENCES

ROLE / NAME	EMAIL	PHONE	EMAIL USE	
OWNER / PRINCIPAL			Orders	Invoices
PURCHASING			Orders	Invoices
ACCOUNTING			Orders	Invoices



BUSINESS PROFILE

PRODUCTS YOU ARE INTERESTED IN PURCHASING

CURRENT WHOLESALE SUPPLIERS (OPTIONAL)

HOW DID YOU HEAR ABOUT TOUCH?

ESTIMATED MONTHLY PURCHASES

SALES TAX / RESALE INFORMATION

Purchases are subject to sales tax

Purchases are for resale / tax-exempt

SELLER'S PERMIT / RESALE LICENSE NO.

ISSUING STATE / JURISDICTION

Required supporting document

If claiming exemption, attach a completed and valid resale or exemption certificate applicable to the shipping destination.
Orders may be taxed until acceptable documentation is received and approved.

Resale / exemption certificate attached

W-9 attached (if requested)

REQUESTED ACCOUNT SETUP

PURCHASE ORDER REQUIREMENTS / SPECIAL INSTRUCTIONS

PREFERRED ORDER METHOD

Web

Email

Phone

INVOICE DELIVERY

Email

Other

APPLICANT CERTIFICATION

I certify that the information in this application and all attached documents is true and complete. I authorize TOUCH Cabinets Hardware, Inc. to verify business, banking and trade information as reasonably necessary to evaluate this application. I agree that submission of this application does not guarantee account approval, credit terms, pricing, availability or tax-exempt status. All purchases are subject to TOUCH's then-current terms of sale and any separately approved written credit terms.

AUTHORIZED REPRESENTATIVE - PRINT NAME

TITLE

SIGNATURE (TYPE OR SIGN AFTER PRINTING)

DATE

FOR TOUCH USE ONLY

CUSTOMER NO.

TERRITORY

PRICE LEVEL

TERMS

Tax documentation reviewed

Credit approved

Welcome information sent

APPROVED BY

DATE

CREDIT LIMIT