



UTTERMOST

**Customer Application**

**Part 1 (Must Be Completed and Signed):**

Customer Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Street Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Accounts Payable Contact \_\_\_\_\_  
 AP Phone \_\_\_\_\_ AP Fax \_\_\_\_\_  
 AP Email \_\_\_\_\_

PLEASE CHECK ONE:  
 \_\_\_\_\_ Corporation (Year \_\_\_\_\_ State \_\_\_\_\_)  
 \_\_\_\_\_ Partnership (State \_\_\_\_\_)  
 \_\_\_\_\_ LLC (Year \_\_\_\_\_ State \_\_\_\_\_)  
 \_\_\_\_\_ Sole Proprietorship  
 Number of years in business \_\_\_\_\_ years

**SALES TAX EXEMPT NO:** \_\_\_\_\_ *\*Please help us serve you more quickly by providing your Tax Resale Certificate. Note that orders cannot be shipped until the Resale Certificate is received. You may use the Uniform Sales & Use Tax Certificate for all states except Florida, Indiana, Louisiana, Massachusetts, Mississippi, New York, Virginia, West Virginia and Wyoming. Please use the state specific form for each of those states.*

**Officer/Owner Name(s):**

\_\_\_\_\_  
 Officer's or Owner's Name Title  
 \_\_\_\_\_  
 Officer's or Owner's Name Title

***In the event of default by the Company, the Company shall be liable for all expenses incurred by Uttermost in recovering any amounts due in association therewith including, without limitation, collection fees, court costs, reasonable attorneys' fees, and other expenses associated with the preparation and execution of legal action and collection of any outstanding debt.***

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part 2 (To Be Completed If Requesting Terms):**

*The Uttermost Co. is authorized to contact the below bank and trade references regarding credit and financial information.*

**Financial Reference:**

Bank \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Continued on next page)**



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Suppliers Who Have Granted You Credit:

Name \_\_\_\_\_ Acct No. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Acct No. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Acct No. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Part 3 (To Be Completed If Using Credit Card):

Credit Card Type: Choose One: \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ DISC \_\_\_\_\_

Credit Card #: \_\_\_\_\_

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

CV2: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Order #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Keep Credit Card On File As Authorized For All Future Purchases: Yes \_\_\_\_\_ No \_\_\_\_\_

Fax Confirmation #: \_\_\_\_\_

E-Mail Confirmation: \_\_\_\_\_

This Credit Application shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia, without regard to any choice of law principles that may otherwise have permitted the application of the laws of any other jurisdiction, and all obligations hereunder are performable in Virginia.



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**UTTERMOST ACCOUNT DATA SHEET**

To Be Completed by All Customers

Account Name: \_\_\_\_\_

Uttermost Sales Rep: \_\_\_\_\_

Email Address: \_\_\_\_\_

Account Classification: \_\_\_\_\_ (ex: Furniture Store, Interior Designer, etc.)

Address: **(BILL TO)** \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

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

Address: **(SHIP TO)** \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Warehouse Contact Telephone #: \_\_\_\_\_

**Do you have MULTIPLE SHIP TO ADDRESSES?  
(Please provide information on additional form)** \_\_\_\_\_

Days of Week Deliveries Accepted \_\_\_\_\_

Delivery Hours \_\_\_\_\_

Canadian Accounts – Broker Info:	
Name:	_____
Address:	_____
City/Prov:	_____
Postal Code:	_____
Phone/Fax:	_____
Account Name:	_____

Any Special Needs That The Delivery Driver Needs To Know? (Additional Costs May Apply) See Below:

- Loading Dock Available? YES or NO
- Lift Gate Required? YES or NO
- Delivery Appointment Required? YES or NO
- Inside Delivery Required? **THIS IS TO FIRST SURFACE ONLY, NO STEPS. OTHER RESTRICTION MAY APPLY** YES or NO
- Residential or Business Delivery: RESIDENTIAL or BUSINESS

**DO YOU WANT TO OPT OUT OF AUTOMATICALLY RECEIVING CATALOGS BY MAIL Yes No**

PLEASE INCLUDE ANY INFORMATION REGARDING DELIVERY ON THIS FORM