



4837 Newton Terrace • Buford, GA 30518 Phone: 770-886-0400 • Fax: 770-886-0475

New Dealer Application Form

Sales Tax Identification (Federal ID#): _____ - _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Owners Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Bank Name: _____
Address: _____
Account #: _____

Trade References:
Name: _____ Acct#: _____
Phone: _____ Contact Person: _____

Name: _____ Acct#: _____
Phone: _____ Contact Person: _____

Name: _____ Acct#: _____
Phone: _____ Contact Person: _____

The undersigned, individually and on behalf of the Company does certify that the above information has been submitted for the purpose of securing authorized dealership, and is true and accurate to the best of his/her knowledge.

In consideration Classic Window Coverings, Inc. extending future credit from time to time to the Debtor, and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Guarantor, personally guarantees the prompt, full and complete performance of any and all present and future duties, obligations and indebtedness (the "Debt") due to the Lender by the Debtor.

Signature of individual as Guarantor: _____
Driver's License#: _____ State: _____ Expires: _____

Dealer Account # _____ (for CWC use only)