



BUSINESS CONTACT INFORMATION

Name of the company:		DBA (Doing Business As):	
Website:			
FEIN:	Years in Business:	Tax Exempt # (include copy of current certificate)	
Number of Employees:		Business Phone Number:	
Bill To Address:			
City:	State:	ZIP Code:	
Ship To Address:			
City:	State:	ZIP Code:	

CONTACT PERSON INFORMATION

Primary Contact:	Phone:	Email:
Buyer Contact:	Phone:	Email:
Showroom Manager:	Phone:	Email:
A/P Contact:	Phone:	Email:
Warehouse Manager:	Phone:	Email:
Shipping Manager	Phone:	Email:

BUSINESS / TRADE REFERENCES

Company Name:	Phone:	
Address:	Email:	
City:	State:	ZIP Code:
Company Name:	Phone:	
Address:	Email:	
City:	State:	ZIP Code:
Company Name:	Phone:	
Address:	Email:	
City:	State:	ZIP Code:

AGREEMENT

- Upon qualification Paini US will approve a credit agreement.
- All invoices are to be paid 30 days from the date of the invoice. 3% interest charged on past due amounts.
- Claim arising from invoice must be made within seven working days.
- By submitting this application, you authorize Paini US to make inquiries into the Business / Trade you have submitted.
- If Business/Trade references are not submitted payment terms are credit card / cash / bank transfer before shipment.

Signature:	Title:	Date:
Office Use: REP	Payment Type:	Displaying Dealing: Y / N