

**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

1. Upon qualification Paini US will approve a credit agreement.		
2. All invoices are to be paid 30 days from the date of the invoice. 3% interest charged on past due amounts.		
3. Claim arising from invoice must be made within seven working days.		
4. By submitting this application, you authorize Paini US to make inquiries into the Business / Trade you have submitted.		
5. 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