



Dear Window Covering Professional:

Thank you for inquiring about an account with Midwest Designer Supply, Inc. Enclosed is a new account application. **It is important that both sides are filled out including signatures in sections 3 and 7.**

- You must have a business tax number / resale number and the sales tax section must be signed by a principal of the company. **Submit a copy of your permit with the application.**
- To assure that we adhere to our commitment to serve members of the trade only, we will not open an account unless trade references are listed. If you are new to the trade, we will contact you to establish a basis for working with you.
- When listing trade references, please include your account number with that company along with their complete address or fax number. We do not conduct telephone inquiries. A minimum of three industry references is requested.
- It may take seven to ten days to get responses on your credit history; however, we will set up an account on a C.O.D. basis until the credit information comes back to us. We do accept Visa, MasterCard and Discover or you may prepay an order if you wish to avoid C.O.D. fees.
- Upon approval, an account number will be assigned. You will receive a confirmation with the account number and information about our programs and policies.
- Applications can be faxed to 262-524-1007, mailed to MDS, PO Box 697, Pewaukee WI 53072, or emailed to registration@midwestdesignersupply.com.

If you have any questions, do not hesitate to contact us at 1-888-523-2611. We look forward to serving your window fashion needs.

Sincerely,

MIDWEST DESIGNER SUPPLY, INC.



Midwest Designer Supply, Inc. • PO Box 697, Pewaukee WI 53072 • 262-523-2600 • 888-523-2611 • (fax) 262-524-1007

COMPLETE SECTIONS 1 THRU 8 - PLEASE PRINT CLEARLY.

NEW ACCOUNT APPLICATION / STATE SALES TAX EXEMPTION CERTIFICATE

1. BILLING ADDRESS: (Business name must match information registered with your state.)

Legal Business Name _____

Doing Business As Name _____
(If different than legal business name.)

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

If phone/fax number are the same, call first? Yes No **Is this address:** Residential Commercial

Sales Contact _____ Billing Contact _____

Sales Email _____ Billing Email _____

Is shipping address same as billing address? Yes (If yes, skip to section 3.) No (If no, complete section 2.)

2. SHIPPING ADDRESS: (If you have more than one delivery address, please list on separate page and attach.)

Account Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Is this shipping address: Residential Commercial

3. BUSINESS TAX NUMBER / RESALE NUMBER (include copy of permit with application):

I hereby certify and agree as agent or principal of resale number _____ Expiring _____,

that the tangible personal property which is purchased from Midwest Designer Supply, Inc. will be resold, leased, or rented by the seller's permit holder named below and in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale, lease, or rental in the regular course of business, it is understood that I am required to report and pay sales tax applicable to my sales taxing authority.

I further certify that this is a blanket certificate which shall be in force until cancelled by the permit holder or the applicable taxing authority.

By _____ (Please Print) Title _____ Authorized Signature _____ Date _____

4. PRINCIPAL BUSINESS ACTIVITY:

- Shade Shop (H)
- Department Store (M)
- Craft, Gift, Misc. Retailer (E)
- Installer (I)
- Furniture/Carpet Store (N)
- Slipcover, Upholstery, or Quilting (G)
- Workroom (J)
- Free Lance Decorator (P)
- Paint, Wallpaper, Home Decorating (O)
- Drapery Shop (L)
- Interior Designer (titled) (Q)
- Other (Please describe below) (W)
- Manufacturer (U)
- Distributor (V)

What products do you purchase: Custom Window Treatments Hardware Workroom Supplies

-----continued on other side-----

5. BUSINESS INFORMATION:

Estimate Annual Purchases from MDS \$ _____ **Number of years in business:** _____

Is this business: Proprietorship Partnership Corporation - Federal I.D. No. _____

If proprietorship or partnership, complete the following information:

Principals/Partners Names: _____

Home Addresses: _____

City, State Zip Codes: _____

Home Phone #'s: _____

Social Security #'s: _____

6. BANK REFERENCE:

Type of Account: Checking Savings Loan

Bank Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Acct #** _____

7. TERMS OF SALE: Please check the appropriate box for the payment terms preferred.

C.O.D. Bank Card Prepay Net 30** For N30, signature required below:

**** Orders will be shipped C.O.D. until credit is established. First custom orders over \$500 may require full or partial payment.**

Net 30 invoices not paid within thirty (30) days are subject to a monthly finance charge of 1-1/2% (annual percentage rate of 18%).

I agree to all terms and conditions of sale as set forth by Midwest Designer Supply, Inc.

Authorized Signature Title Date

8. TRADE REFERENCES: This section must be completed regardless of payment terms selected.

All inquiries are FAXED or MAILED. WE DO NOT CONDUCT TELEPHONE INQUIRIES. Please provide account numbers and complete information or we cannot consider your application for credit. If you are not applying for open terms, you only need to fill in your reference names and account numbers. *Additional references welcome - attach separate sheet.*

Firm Name _____ Address _____ City, State, Zip _____ Fax # _____ Your Acct. # _____	Firm Name _____ Address _____ City, State, Zip _____ Fax # _____ Your Acct. # _____
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Firm Name _____ Address _____ City, State, Zip _____ Fax # _____ Your Acct. # _____	FOR INTERNAL USE: Rejected: _____ Approved: _____ Credit Limit: _____
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RETURN COMPLETED FORM TO: MDS, P.O. BOX 697, PEWAUKEE, WI 53072 or FAX (262) 524-1007