

BUSINESS NAME / DBA	CORPORATE / LEGAL NAME
ADDRESS	CITY, STATE, ZIP
OWNER/OFFICER NAME	TITLE
OWNER/OFFICER NAME	TITLE
EMAIL	TEL FAX
ADDITIONAL LOCATION OR BRANCHES - ADDRESS	CITY, STATE, ZIP
MANAGER NAME	TEL FAX
ADDITIONAL LOCATION OR BRANCHES - ADDRESS	CITY, STATE, ZIP
MANAGER NAME	TEL FAX
BUYER NAME - PERSON IN CHARGE OF PLACING ORDERS	BUYER'S EMAIL TEL FAX
ACCOUNTS PAYABLE CONTACT	ACCOUNTS PAYABLE'S EMAIL TEL FAX
YEARS IN BUSINESS UNDER CURRENT OWNERSHIP	LYON NUMBER

**PARTS AND SERVICE**

UNDER WARRANTY: BENCHMASTER WILL SUPPLY REPLACEMENT PARTS ONLY. FAX PARTS REQUESTS TO BENCHMASTER, ATTN PARTS, 714-414-0984. LABOR OR OTHER COSTS ASSOCIATED WITH MAKING REPAIRS, i.e. TRANSPORTATION, TRAVEL TIME, ETC., ARE NOT PAID.

Initial Acknowledgment: Parts Policy

**OPEN ACCOUNT TERMS**

PAYMENT IS DUE WITHIN 30 DAYS OF INVOICE DATE. TO MAINTAIN OPEN ACCOUNT STATUS, PAYMENTS MUST BE RECEIVED WITHIN TERMS.

Initial Acknowledgment: Net 30 Terms

THE INFORMATION SUPPLIED ABOVE IS TRUE AND CORRECT. THE UNDERSIGNED AUTHORIZES BENCHMASTER FURNITURE TO OBTAIN CREDIT INFORMATION WITH THIS APPLICATION.

_____	_____
AUTHORIZED SIGNATURE	TITLE
_____	_____
EMAIL ADDRESS - MANAGER / OWNER	DATE

SEND COMPLETED APPLICATION TO: [sales@benchmasterfurniture.com](mailto:sales@benchmasterfurniture.com)

**SHIPPING & BILLING INFORMATION**

SHIPPING ADDRESS (warehouse, distribution center)	CITY, STATE, ZIP
SHIPPING INSTRUCTIONS (delivery appointment, etc)	DAYS CLOSED/ NO DELIVERIES
INVOICE MAILING ADDRESS	CITY, STATE, ZIP

**TRADE REFERENCES: 3**

COMPANY NAME	ACCOUNT #	FAX	CONTACT NAME
COMPANY NAME	ACCOUNT #	FAX	CONTACT NAME
COMPANY NAME	ACCOUNT #	FAX	CONTACT NAME

**CONTAINER – FREIGHT FORWARD & BROKER INFORMATION**

FREIGHT FORWARDER	TEL	FAX	CONTACT NAME(S)
FREIGHT FORWARDER EMAIL	ADDITIONAL TEL	ADDITIONAL FAX	ADDITIONAL INFO
BROKER	TEL	FAX	CONTACT NAME(S)
BROKER EMAIL	ADDITIONAL TEL	ADDITIONAL FAX	ADDITIONAL INFO

**ADDITIONAL INFORMATION OR COMMENTS**


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