



Dear Window Covering Professional:

Thank you for inquiring about an account with Wisconsin Drapery 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.

- ▶ When we receive your completed application, a sales representative will contact you to discuss our product selection and arrange for price lists and samples to be delivered.
- ▶ Upon approval by the sales representative, an account number will be assigned within 24 hours. You will receive a confirmation with the account number and information about our programs and policies.
- ▶ Applications can be faxed to 262-523-2614, mailed to WDS, PO Box 697, Pewaukee WI 53072, or emailed to [registration@wiscdrapery.com](mailto:registration@wiscdrapery.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,

WISCONSIN DRAPERY SUPPLY, INC.

Enclosure



Wisconsin Drapery Supply, Inc. • N27 W23591 Paul Rd., PO Box 697, Pewaukee WI 53072 • 262-523-2600 • 888-523-2611 • (fax) 262-523-2614

**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

E-mail Address \_\_\_\_\_

Contact Person \_\_\_\_\_

**Is this address:**  
 Residential (home, home office)  
 Commercial (storefront, office, warehouse)

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 (See descriptions above.)

**3. BUSINESS TAX NUMBER / RESALE NUMBER:**

I hereby certify and agree as agent or principal of resale number \_\_\_\_\_ Expiring \_\_\_\_\_  
(include copy of permit with application)

that the tangible personal property which is purchased from Wisconsin Drapery 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 \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print) 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 WDS \$** \_\_\_\_\_ **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  Proforma  2/10 Net 30\*\* For 2/10 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.

2/10 Net 30 (2% discount when paid within ten (10) days of invoice date). Invoices more than thirty (30) days past due are subject to a monthly finance charge of 1-1/2% (an annual percentage rate of 18%).

I agree to all terms and conditions of sale as set forth by Wisconsin Drapery 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. # _____	<b>FOR INTERNAL USE:</b>  Rejected: _____ Approved: _____ Credit Limit: _____
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**RETURN COMPLETED FORM TO: WDS, P.O. BOX 697, PEWAUKEE, WI 53072 or FAX (262) 523-2614**