

Cabinets R Us DBA: Cabinets On Sales 1240 N. Fee Ana Street, Anaheim, CA 92807 PH :714-572-1566 FX: 714-572-1533	Office Use Only	
	Date Receive	
	Company ID	
	Copy of	<input type="checkbox"/> CA Resale Certificate <input type="checkbox"/> Driver License <input type="checkbox"/> Contractor License <input type="checkbox"/> Credit Card

ACCOUNT APPLICATION

All wholesale buyers must be pre-qualified to make purchases at manufacturer direct prices. Please take few minutes and fill out from the below; Scan and email the entire application to sales@cabinetsrus.us. Once your account is approved, your account manager will contact you.
* is the information required, please do not leave it blank.

1. GENERAL INFORMATION

*COMPANY NAME:		CHOOSE ONE: <input type="checkbox"/> CORP. <input type="checkbox"/> LLC. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNER
*TAX ID #	*DRIVER'S LICENSE# STATE:	*SALES TAX EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, attach exemption certificate)
* BILLING ADDRESS		
* SHIPPING ADDRESS		
*ACCOUNT PAYABLE CONTACT INFO: *NAME		
*PHONE #	*FAX #	*EMAIL:
*SALES CONTACT INFO: *NAME		
ORDER ACKNOLEDGEMENT	<input type="checkbox"/> FAX	<input type="checkbox"/> EMAIL

2. BUSINESS OWNER, PARTNERS, OR OFFICERS

*NAME	*TITLE	*EMAIL ADDRESS	*PHONE
NAME	TITLE	EMAIL ADDRESS	PHONE

3. BUSINESS INFORMATION

*WHAT BEST DESCRIBE YOUR BUSINESS	
<input type="checkbox"/> RETAILER <input type="checkbox"/> ECOMMERCE <input type="checkbox"/> REMODELER <input type="checkbox"/> GENERAL CONTRACTOR <input type="checkbox"/> BUILDER <input type="checkbox"/> INVESTMENT/PROPERTY MANAGER <input type="checkbox"/> JOBSITE BIDDER <input type="checkbox"/> CONSTRUCTOR <input type="checkbox"/> DISTRIBUTOR _____ <input type="checkbox"/> OTHER _____	
*MONTHLY SALES VOLUME:	*YEARS ESTABLISHED:
*DO YOU HAVE A SHOWROOM OR WAREHOUSE LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SHOWROOM SPACE IS _____ SQF	* NEED US TO DESIGN FOR YOU <input type="checkbox"/> YES <input type="checkbox"/> NO
*CURRENT KITCHEN CABINET SUPPLIERS(S)	*MONTHLY PURCHASE \$

Print Name : _____ Title : _____
Signature : _____ Date: _____

TERMS

Buyer shall purchase products from Cabinets R Us (hereby as CRUS) on a pre-paid basis. CRUS accepts all major credit cards, business checks, cash, debit card, wire transfer (a 3% convenience fee applies to all credit card transactions). CRUS does NOT accept personal checks for tax exemption accounts. CRUS does NOT accept check without PO box or physical address printed on the check. Any collection fees, legal fees, and bank fees will be paid by the buyer if the full-face value of the credit card charge or check charge had been charged back. All terms stated in here are conditioned to changed or amended at any time.

DELIVERY & RETURNS

Buyer shall examine material upon receipt. If any shortages or damages are discovered upon delivery, buyer must make a notation for damage and/or shortage on the bill of lading with a representative from the carrier present before accepting the order. CRUS cannot be responsible for a loss or damage if buyer gives the carrier a clean and clear receipt. All claims for shortage, damaged merchandise or improper delivery must be made in writing and CRUS must be notified within three days from the delivery date. All sales are final and there will be no refunds or returns for shortage, damaged merchandise or improper delivery on the fourth business day from delivery date. Returned merchandise will not be accepted without the prior approval of CRUS. Authorized returned merchandise must be in unopened cartons and in re-saleable condition as determined by CRUS and written returned merchandise authorization (RMA) is required for any return. Buyer shall understand that there is a minimum 25% restocking charge for all returned goods (must be in sealed box in original conditions) and any additional freight charge will be charged to the Buyer.

Previously Installed or assembled cabinets may not be returned and CRUS reserves the right to deny any returns deemed unacceptable. Product returns are not allowed after 3 days from purchases. If an item is refused when delivered by a commercial shipping company for any reason other than damaged merchandise or shipping error by CRUS, the item shall be treated as a return and a 25% restock charge will be applied. Any additional charge or freight will be charged to the Buyer. Special order merchandise is not returnable. All Cabinets are subject to shade variation. No refund will be given if merchandise is/was assembled or previously installed.

SALES TAX

Sales Tax will be collected automatically if customer does NOT provide exemption certificate of the State of California. If drop shipment to a third-party business in California is requested by customer, CRUS requires the re-sell certificate of the third party business or sales tax will be charged.

PRODUCT CHANGE

We reserve the right to discontinue, alter, or redesign products at any time.

_____ I have read and agreed to the Terms and Conditions and our company agrees to be bound by such Terms and Conditions to remain an active Cabinets R Us account customer. This application is submitted to obtain purchasing privileges and I/We certify that all information here is true and complete. The number shown on this form is the correct taxpayer identification number for the applicant and entity. I/We agree that this account will only be used to purchase merchandise for commercial or business purpose, not for personal purposes.

Print Name: _____ Title: _____

Signature: _____ Date: _____

The use of this form is optional and for your convenience

Please complete this form if you would like Cabinet R Us Inc. to keep your credit card on file for future orders. You may choose to provide us payment information with each order if you do not wish us to keep your credit card on file.

Information is to be provided by the cardholder along with **a clear copy of the credit card and authorized government issued ID.**

The undersigned agrees and authorizes Cabinets R Us Inc. to charge the credit card below for order by the company named below:

CREDIT CARD AUTHORIZATION			
CARD TYPE: DATE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER	CARD NUMBER - - -	EXPIRATION:	CVC CODE
NAME ON CARD		CARD BILLING PHONE NUMBER	
CARD BILLING ADDRESS			

Payment for all fixed and variable cost: Fixed costs are defined as all merchandise; Variable costs are defined as shipping charges, credit card transaction fees, bank fees, legal fees incurred as parts of doing business with Cabinets R Us Inc., including without limitation, all charges described in the term and conditions page. I understand and acknowledge that all charges incurred will be charged to the credit card as well as all variable costs if applied. Any collection fees, bank fees, and legal fees will be paid by the Buyer if there is a chargeback against the full-face value of the credit card charge.

_____ I hereby authorize Cabinets R Us Inc. to charge future purchases to credit card account shown above.

Print Name : _____ Title : _____

Signature : _____ Date: _____