

**WALKER GREENBANK INC.**

800 Huyler Street, Teterboro, NJ 07608  
 Tel: 201 399 0500 Fax: 201 399 0501  
 Website: www.StyleLibrary.com

**PRO-FORMA APPLICATION FOR A BUSINESS ACCOUNT****BUSINESS CONTACT INFORMATION**

Business Name

Resale Number:

Federal ID or SSN  
if Sole Proprietorship:

Phone:

Fax:

E-mail:

Cell phone:

Website:

Billing address:

City:

State:

ZIP Code:

Shipping address if different:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address if different:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

Accts Payable E-mail:

**BUSINESS/TRADE REFERENCES**Firm: **Kravet**

Acct #:

Firm: **Cowtan & Tout**

Acct #:

Firm: **Donghia**

Acct #:

Firm: **Robert Allen**

Acct #:

Firm: **Osborne & Little**

Acct #:

Firm: **Romo**

Acct #:

**Alternative manufacturers you purchase from:**

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

**AGREEMENT**

1. The undersigned certifies that the information provided to be true. It is further agreed that the undersigned will pay collection expenses and any associated legal fees, that may become necessary to effect collection of this account
2. Your signature also acknowledges that you have read our terms and conditions and agree to follow said terms and conditions with no exception
3. Information provided is solely for the purpose of establishing a prepaid account and no inquiries will be made unless authorized by you to establish terms.
4. **PLEASE NOTE THAT THE RESALE(S) CERTIFICATES PROVIDED MUST MATCH THE NAME AND ADDRESS LISTED ON THE CREDIT APPLICATION FOR ACCEPTANCE.**

**SIGNATURE****Authorized Signature:****Title:****Print Name:****Date:****For Internal Use Only:**

Date Received:

Date Passed To Finance:

Date Approved:

Customer Notification Sent:

# UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Zoffany

Address: 800 Huyler Street Teterboro, NJ 07608

I certify that:

Name of Firm (Buyer \_\_\_\_\_)

Address: \_\_\_\_\_

\_\_\_\_\_,

\_\_\_\_\_

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2-4)

Other (Specify) Interior Designer

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: Interior Designer

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID	State	State Registration, Seller's Permit, or ID
AL	_____	MS	_____
AR	_____	NE	_____
AZ	_____	NV	_____
CA	_____	NJ	_____
CO	_____	NM	_____
CT	_____	NC	_____
DC	_____	ND	_____
FL	_____	OH	_____
GA	_____	OK	_____
HI	_____	PA	_____
ID	_____	RI	_____
IL	_____	SC	_____
IA	_____	SD	_____
KS	_____	TN	_____
KY	_____	TX	_____
ME	_____	UT	_____
MD	_____	VT	_____
MI	_____	WA	_____
MN	_____	WI	_____
MO	_____		_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matt

Authorized Signature: \_\_\_\_\_

(Owner, Partner or Corporate Officer)

Date: \_\_\_\_\_