

LEATHERCRAFT

NEW ACCOUNT OPENING FORM

DATE: _____

COMPANY NAME: _____
BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

OWNER/BUYER: _____

L/C SALES REP: _____

CONTACT NAME: _____

SPECIFIED CARRIER: _____

**MUST ATTACH TAX EXEMPTION CERTIFICATE
TO THIS FORM FOR ORDER TO BE PROCESSED**

DEALER CODE:

HOME (R)
CONTRACT (C)

DESIGNER (D)
DESIGN SHOWROOM(S)

DEALER QUALIFICATIONS:

FLOOR SAMPLES

CATALOG PURCHASE

PROGRAMS:

NOW PROGRAM
CARESS PROGRAM
OASIS PROGRAM
QUICK SHIP PROGRAM

PREFERRED METHOD OF PAYMENT:

VISA
MASTERCARD
AMERICAN EXPRESS
CHECK WRITER
FACTOR

QUALIFIED SALES AIDS:

COMPLETE CATALOG
4 X 6 LEATHER SWATCH HANDLE
NOW PROGRAM SALES AIDS
CARESS PROGRAM SALES AIDS
OASIS PROGRAM SALES AIDS
QUICK SHIP SALES AIDS

SPECIAL INSTRUCTIONS:

