



SAMUEL & SONS

US NEW ACCOUNT APPLICATION

APPLICANT INFORMATION

Company Name:		Date:
Name of Contact:		Phone:
Address:		Email:
City:	State:	ZIP Code:

PRIMARY TYPE OF CLIENT *(please select only ONE)*

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Hospitality / Contract |
|--------------------------------------|---|

BUSINESS TYPE *(please select only ONE)*

Residential Categories:

- Antique Dealer
- Architect
- Designer – No Shop
- Designer with Shop
- Furniture/Textile Showroom
- Workroom / Upholsterer
- Other _____

Hospitality / Contract Categories:

- Aviation
- Furniture Manufacturer
- Government
- Healthcare
- Hospitality
- Office Design
- Purchasing Agent
- Restoration / Museum / Theatre
- Store Design
- Yacht / Cruise
- Other _____

TRADE REFERENCES *(please provide at least two)*

Showroom:	Account Number:
Showroom:	Account Number:
Showroom:	Account Number:

How did you hear about us? _____

Have you shopped our product at a showroom? Yes, Location _____ No

PAYMENT TERMS

- | | |
|---|--|
| <input type="checkbox"/> Proforma <i>(prepaid with Check/Credit Card)</i> | <input type="checkbox"/> Open Credit * |
|---|--|

Send Invoices Via: Email: _____ or Mail

* Open Credit accounts are subject to approval. Those wishing to apply for open credit accounts must fill out and submit a credit application for consideration.

FOR INTERNAL USE ONLY

Account Number:	<input type="checkbox"/> New	<input type="checkbox"/> Updated
Showroom Code:	Territory:	
Date Received:	Date Updated:	

