Stamford fax: (203) 327-7722 Toll free: (866) 627-6899



Date	

SHOWROOM APPROVAL

NEW CLIENT APPLICATION

Applicant Signature:__

Applicant Name: (Please print)

		EASE TYPE OR	PRINT									
		• •		Why. A								
		P.O. B	ox	Area Code	_ Phone							
		State		Zip	_ Fax							
☐ Individual	☐ Partnership	o □ Corp	oration									
AN AUTHORIZED (OFFICER OF C	ORPORATION. I	LIST HOMI	E ADDRESS, ZIP COD	E & PHONE NUMBER.							
	Name			Name								
	E-Mail			E-Mail	ww							
	Incorporated _			State								
				Account #								
				WWW.W. The Control of								
	State _	Z	ip	Phone	······							
ed?												
? If rente	ed, from whom?	?			Phone							
TATE OF		RI A	NKET E	KEMPTION CERTIF	FICATE							
angible personal pourpose of consumir in ingredient, or a	roperty which ng the property chemical used	I will purchase purchased in pro- in processing t	from Zimr oducing for he same.	ner + Rohde will be sale a new article of ta This certificate shall t	purchased for resale in the regula							
0		(Required to establish an active account with Zimmer + Rohde.)										
		PLEASE CHE	CK OPEN	ACCOUNTS ONLY								
☐ Brunschwig &	Fils, Inc.	☐ Carlton V Lt	d.	☐ Clarence House	☐ Cowtan & Tout							
☐ Hinson & Comp	oany	☐ Scalamandr	э	☐ Schumacher	☐ Stroheim & Roman							
		ADDRESS	<u>-</u>									
		ADDRESS										
\$	ng til know no nyo rawakaka	ADDRESS	Net 30	Pro	oforma							
\$ D&B		ADDRESS	Net 30	Pro	oforma							
D&B		ADDRESS Terms Desired: Allied		Pro	oforma							
D & B sponsibility, ability and will by Zimmer + Rohde, to th	lingness to pay our e persons or compa ns or companies. In	ADDRESS Terms Desired: Allied	e with Zimmer extended pure	+ Rohde's terms of 'Net 30". suant to the above application	oforma, the undersigned unconditionally, jointly and set nd costs of collection including reasonable atto nd waive(s) notice of the accrual of any obligation							
	d? If renter the renter of consuming ingredient, or a cou, unless otherwise of consuming in the country of the renter of the country of the renter of	Individual Partnership AN AUTHORIZED OFFICER OF COMMENT Name Address Phone E-Mail Incorporated Incorporated Incorporated Incorporated Incorporated Incorporated Incorporated Incorpose of consuming the property which purpose of consuming the property in ingredient, or a chemical used out, unless otherwise specified, and	RO. B State State Individual Partnership Corporation. Let Name Address Phone E-Mail Incorporated Incorporated Partnership State Z Z Z Z Z Z Z Z Z	P.O. Box State Individual Partnership Corporation AN AUTHORIZED OFFICER OF CORPORATION. LIST HOMI Name Address Phone E-Mail Incorporated State Zip If rented, from whom? TATE OF BLANKET Exangible personal property which I will purchase from Zimmurpose of consuming the property purchased in producing for in ingredient, or a chemical used in processing the same. Sou, unless otherwise specified, and shall be valid until revoked on the control of th	Name							

Title _____



ZIMMER+ROHDE

Corporate Office: Zimmer + Rohde, Ltd. 15 Commerce Road Stamford, CT. 06902 Telephone: 203 327 1400 Fax: 203 327 7722 info.us@zimmer-rohde.com www.zimmer-rohde.com Showroom: Zimmer + Rohde, Ltd. D+D Building 979 Third Avenue, Suite 1616 New York, NY 10022 Telephone: 212 758 7925 Fax: 212 753 4372

CREDIT CARD AUTHORIZATION FORM

All information must be completed to process this credit card charge

Date		<u></u>											,				
Zimmer + Rohde Account Number											_						
Zimmer + Rohde Account Name															_		
Zimmer + Rohde Order / Invoice #												*****	····	 	_		
Purchaser's	s Billi	ng A	ddres	s: S	treet									 			
City										Stat	e _		 Zip _				
AN	иех				VISA				MA	STE	RCA	RD					
CARD#																*	
	<u> </u>				•									* S	ECUI	RITY CO	DE
Expiration	Date						-										
Cardholde	r Nan	ne									···				-		
(As it appe	ears of	n caro	i)														
Cardholde	r Sigr	ature)								·=-··-				-		

I hereby authorize Zimmer + Rohde to accept the indicated credit card for payment of the above referenced purchase order. I understand that the full amount of each order will be charged to my car at this time. I agree to the standard credit card rules and regulations. I agree that should there be shipping damage or other disputes, I will work directly with my showroom representative and / or Zimmer + Rohde directly in lieu of reversing the charges on this credit card payment.

Debit cards will not be accepted.