

## New Account Application for Sean Howard Productions, Inc.

### BILLING INFORMATION

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Contact \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Website \_\_\_\_\_  
Company Type  Corporation  Partnership  Proprietorship

### ACCOUNT TYPE REQUESTED

Installer  Wholesale  Distributor

Applicant Name \_\_\_\_\_ Social Security or FIN# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### TRADE REFERENCES

References required only for distributor accounts.

Name _____	Name _____
Address _____	Address _____
Acct# _____	Acct# _____
Phone _____	Phone _____
Name _____	Name _____
Address _____	Address _____
Acct# _____	Acct# _____
Phone _____	Phone _____

### BANK REFERENCES

Required only for distributor accounts

Name _____	Name _____
Address _____	Address _____
Acct# _____	Acct# _____

### Credit Card Information

Required for pre-paid accounts

Name on card : \_\_\_\_\_  Address same as above billing.  
Acct# \_\_\_\_\_ Address \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ City \_\_\_\_\_  
Signature: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I / We hereby authorize you bill the above credit card for all orders placed by the aboved mentioned company.

### STATE SALES and USE RESALE CERTIFICATE

Required for all wholesale accounts.

State Sales Tax I.D. # \_\_\_\_\_ State \_\_\_\_\_

The undersigned hereby certifies that all tangible personal property purchased or to be purchased in the future from Sean Howard Productions, was or will be purchased for resale in the form of tangible personal property. This Certificate shall be noticed and be considered as part of every order given to the above company, unless each such order shall otherwise specify. This certificate shall be effective until revoked by us by notice in writing to the above company. I/We hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibilities, and credit worthiness. I/We also agree to in accordance with my approved credit terms the understanding that there will be a service charge of 18.9% per month on any past due balances. If the account is assigned to collections with an attorney, I hereby agree to pay attorney fees, collections and court costs incurred.

Authorized By: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature (Title- must be Officer, Owner or Partner)