



Edit Representative: _____
(Advise rep servicing the account)

Date: _____

Office Use

Lyons: _____
D&D: _____
Date Approved: _____
Credit Line: _____

Customer Name: _____

Phone #: _____

Billing Address: _____

Fax#: _____

Ship To Address: _____

County: _____

Email Address to Receive Order
Change Notification: _____

Email Address for Acknowledgements: _____

Special Instructions: _____

Email Address for Invoices: _____

Sales Contact: _____

Discount: _____

TAX RESALE CERTIFICATE

I hereby certify that I hold valid seller's permit no. _____ issued pursuant to the sales and use tax laws; that I am engaged in the business of selling _____; that the tangible personal property described herein which I shall purchase from H Contract Furniture, Martinsville, Virginia, will be resold by me in the form of tangible personal property; provided, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the sales and use tax laws to report and pay tax, measured by the purchase price of such property or other authorized amount. Description of property to be purchased: Contract Furniture.

Seller's permit no. _____ Issued by _____ (State)

Date: _____
(Signature of Purchaser or Authorized Agent)

Form of Business Individual Partnership Corporation

Federal Tax ID# _____ Owner/Officers _____



Credit Application

Accounts Payable Contact:

Name: _____

Phone #: _____

Address: _____

FAX#: _____

TRADE REFERENCES

COMPANY

ADDRESS

ACCT#

PHONE#

BANK REFERENCES

Bank Name: _____

Address: _____

Contact Person: _____

Account #: _____

Phone: _____

Checking

Savings

Loan

Please attach a recent statement including both a balance sheet and income statement.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize H Contract Furniture to investigate the references to My/Our credit and financial responsibility. I/We do understand that the terms are net 30 days from date of invoice and that shipments will not be made on accounts past due. I/We agree to these terms if granted an open account.

Name: _____

Date: _____

Signature: _____

Title: _____



PRODUCT LIMITATIONS AND DISCLAIMER OF WARRANTIES: EXCLUSIVE SAM MOORE™, BRADINGTON-YOUNG (“SM/BY”) AND LIKE PRODUCT OFFERED BY HOOKER FURNITURE CORPORATION (BUT NOT COVERED IN THE H CONTRACT FURNITURE PRICE LIST) HAVE NOT BEEN TESTED BY BUSINESS INSTITUTIONAL FURNITURE MANUFACTURERS ASSOCIATION STANDARDS (BIFMA). BY ACCEPTING THESE TERMS AND CONDITIONS, YOU ACKNOWLEDGE AND UNDERSTAND THAT SELLER INFORMED YOU THAT PRODUCTS EXCLUSIVE TO SM/BY AND LIKE PRODUCT FROM HOOKER FURNITURE CORPORATION ARE NOT RECOMMENDED FOR COMMERCIAL USES, INCLUDING BUT NOT LIMITED TO RENTAL, BUSINESS, COMMERCIAL, INSTITUTIONAL OR OTHER NON-RESIDENTIAL USES. UNDER NO CIRCUMSTANCES WILL SELLER BE RESPONSIBLE OR LIABLE FOR ANY CLAIMS, INCLUDING WARRANTY CLAIMS OR DAMAGES FOR NON-RESIDENTIAL USAGE OF SM/BY PRODUCTS.

“Accepted by _____

on behalf of _____ (company name)

on _____ 20__.”