CBM

DEALER ACCOUNTS · UNITED STATES

Customer Account Application

Please print clearly, or fill in on screen and save before sending.

How to apply: complete all sections, sign page 3 and email the form to **sales@cblind.ca**. If you are not applying for credit, complete the credit card authorization on page 4 instead of sections 2 and 3. Please attach your state resale or exemption certificate (or the multistate MTC or SST uniform certificate). Questions? Call 604.821.1188 or toll-free 1.888.982.0888.

Date (MM/DD/YYYY)

1 Business information

Full legal name of business			Operating name, if different
Contact name	Title	EIN (federal tax ID)	State tax / seller's permit no.
Billing address	City	State	ZIP code
Shipping address, if different from billing	City	State	ZIP code
Phone	Mobile	Email	Website
Accounts payable contact	Email for invoices and statements		Shipping method ☐ Ship out ☐ Pickup
Resale or exemption certificate no.	Issuing state(s)		Certificate attached ☐ Yes ☐ No

2 Credit information

Credit requested (US$)	Year business established	At present location since	Premises ☐ Own ☐ Rent
Principal business of applicant			

3 Ownership

Type of business ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC		
Owner's / principal's name	Date of birth (MM/DD/YYYY)	Home phone
Home address (street, city, state, ZIP code)		

4 Trade references

Suppliers you currently buy from on account

Reference 1 · Company name	Contact	Phone
Address	Email	

Reference 2 · Company name	Contact	Phone
Address	Email	

Reference 3 · Company name	Contact	Phone
Address	Email	

5 Bank reference

Bank name	Branch address	Branch phone	Account number

6 Dealer profile

Helps us set up your account and send you the right samples

1 Where did you hear about CBM?

2 Who are your current suppliers for window coverings?

3 What is your annual sales revenue from window coverings?

4 What geographic area does your business mainly cover?

5 Do you have a showroom with a window covering display? ☐ Yes ☐ No

6 Which products interest you most?

☐ Roller shades ☐ Cellaris™ honeycomb shades ☐ Montage™ zebra shades ☐ Roman shades

☐ Horizontal blinds ☐ Vertical blinds

7 How familiar are you with motorization, app and voice control, and home automation?

☐ Very familiar ☐ Somewhat familiar ☐ Not familiar

8 Are you familiar with cordless products? ☐ Yes ☐ No

9 Are you familiar with US window covering cord-safety requirements (CPSC and ANSI/WCMA A100.1)? ☐ Yes ☐ No

10 Are you interested in training seminars or webinars? ☐ Yes ☐ No

If yes, would you like to be enrolled in the next seminar in your territory? ☐ Yes ☐ No

7 Terms and conditions

All amounts are payable on or before the term shown on the invoice, in US dollars. Any invoice not paid by that date will be considered delinquent. I/We agree to pay a delinquency fee of 2% per month, calculated on any amount past due from the term date until paid, plus all reasonable collection fees if it is necessary to collect through legal action.

Returned checks or payments will be charged an NSF fee of US$50, after which your account may be placed on a cash-in-advance or COD basis.

Purchase orders will be accepted as long as no terms other than those set out by CBM are included on the purchase order.

No Canadian sales tax is charged on goods shipped to the United States. Goods are bought for resale, and the dealer is responsible for any sales or use tax on its sales unless CBM is required to collect it. US duties, brokerage and import fees, if any, are shown on the quote or invoice.

If credit is granted, I/we the undersigned agree to the terms set out above and acknowledge that credit privileges may be amended or withdrawn at the discretion of CBM at any time. We hereby personally guarantee payment of all obligations to CBM. All indebtedness to CBM is due and payable at its corporate office.

The undersigned acknowledges and agrees that personal information in this credit application or provided subsequently, and personal information obtained from a credit/consumer reporting agency and/or financial institution, as described below, may be used by, collected by and/or disclosed to CBM for the following purposes: (i) evaluating the credit application and the undersigned's eligibility for credit, (ii) sales management and administration, including for credit, billing and collection purposes, (iii) marketing of goods and services, and (iv) as reasonably necessary to protect the business interests of CBM and its customers.

The undersigned further acknowledges and agrees, in connection with CBM making a determination in respect of this credit application, that (a) all information provided in this application is for the purpose of securing credit, and the undersigned warrants that it is true, correct and complete; (b) a credit/consumer report and other credit information containing personal information may be requested from a credit/consumer reporting agency and financial institution; (c) CBM is authorized to exchange with any credit/consumer reporting agency and financial institution credit information covering this application and details of any credit granted (including, without limitation, payment history relating to the credit granted) for the purpose of CBM determining creditworthiness and for the purpose of permitting other credit grantors to do the same; and (d) CBM is authorized to share information so received with CBM's affiliates. The undersigned may ask CBM whether or not a credit/consumer report has been referred to in connection with this application, and may request the name and address of the credit/consumer reporting agency supplying the credit/consumer report.

"CBM" and "Canadian Blind Mfg." refer to Canadian Blind Manufacturing Inc. wherever stated.

☐ **Yes, send me CBM news, product updates and promotions by email.** I can withdraw this consent at any time.

8 Signatures

This application must be completed in full to obtain credit (subject to approval)

Proprietorship or partnership

Owner's name	Authorizing signature	Date (MM/DD/YYYY)

Corporation or LLC

Name of authorized signing officer	Job title	Signature	Date (MM/DD/YYYY)
Name of witness	Job title	Signature	Date (MM/DD/YYYY)

9 Credit card payment authorization

Complete this page if you are not applying for credit, or if you want invoices charged to a card. All orders without approved credit are prepaid before production, by credit card, certified check or wire transfer.

Name as it appears on the card	Card type ☐ Visa ☐ Mastercard
Card number	Expiry (MM/YY)
Cardholder billing address (if different from page 1)	

I, the credit card holder, authorize payment of all invoices from CBM on the above credit card. I understand that if any one invoice is past due, all outstanding invoices with CBM are due immediately. CBM then reserves the right to charge the above credit card for all outstanding invoices.

Cardholder signature	Date (MM/DD/YYYY)

✂ Cut here after the first authorization

Security code (CVV)

Security code: the 3-digit code on the back of the card. CBM uses it for the first charge only, then cuts off and destroys this section. It is never kept on file.

Prefer not to write your card details? Call 604.821.1188 or 1.888.982.0888 and we will take them by phone.

FOR CBM OFFICE USE ONLY

Account no.	Credit limit approved	Terms	Approved by	Date

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