

Customer Application



Thank you for your interest in Blue Ridge Mountain Woodcrafts. In order to activate your account please complete the following form as fully as possible. A copy of our business policies is attached for your reference.

Please note that we must have a copy of either your business license or state resale tax certificate.

Business Name: _____ Phone: _____

Street Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Years in this location? _____ Resale tax or merchant number: _____

Shipping Address: _____ Billing Address: _____

Is Shipping Address a residence? No Yes

Previous Address: _____ Years in that location? _____

_____ Date business established: _____

Check one of the following: Sole Owner Unincorporated Partnership Corporation

Name of principal: _____ Title: _____

Home Address: _____ City _____ State _____ Zip _____

Home Telephone: _____

Whom in your company should we contact concerning matters related to your account? _____

How would you classify your business? (Type of business) _____

Primary use of our product in your business? _____

Rough estimate of your anticipated business volume with us per year:

More than \$10,000 \$5,000 - \$10,000 \$1,000 - \$5,000 Under \$1,000

How will you pay for your orders? Please ship C.O.D. Credit Card # _____ Exp: ___ / ___

Please sign below:

I have read and understood the attached business policies: _____

Your Signature

How did you hear about our company? _____

Credit applications are available upon request.