



Superior

BLINDS & SHADES

14625 401st St., Stratford, SD., 57474
Tel: 605-395-7223, customerservice@superiorblindsllc.com

NEW ACCOUNT APPLICATION

Please complete & sign then email to customerservice@superiorblindsllc.com

Corporate Name _____ DBA: _____

Address: _____

City, St, Zip: _____ Phone Number: _____ Fax Number: _____

Email Address: _____

Year Est _____ Type of Business _____ Gross Annual Sales _____ No of Employees _____

Business is: Corporation Partnership Sole Proprietorship
Commercial Establishment Home Office

Business is operated from:

Officers Name: _____ Social Security Number: _____
Street Address: _____ Phone Number: _____
City, State, Zip: _____ Title of Officer: _____

Officers Name: _____ Social Security Number: _____
Street Address: _____ Phone Number: _____
City, State, Zip: _____ Title of Officer: _____

Officers Name: _____ Social Security Number: _____
Street Address: _____ Phone Number: _____
City, State, Zip: _____ Title of Officer: _____

TRADE INFORMATION (WINDOW COVERING INDUSTRY REFERENCES ONLY PLEASE)

Trade Name: _____ Phone Number: _____
Address: _____ Fax Number: _____
Address: _____ Contact: _____
Address: _____ Account #: _____

Trade Name: _____ Phone Number: _____
Address: _____ Fax Number: _____
Address: _____ Contact: _____
Address: _____ Account #: _____

Trade Name: _____ Phone Number: _____
Address: _____ Fax Number: _____
Address: _____ Contact: _____
Address: _____ Account #: _____

Trade Name: _____ Phone Number: _____
Address: _____ Fax Number: _____
Address: _____ Contact: _____
Address: _____ Account #: _____

Terms Requested: Proforma COD Credit Card: Visa Mastercard *Net 30 after 3 months of trading

The undersigned authorizes release of all credit information requested by Superior Blinds + Shades LLC.

Print Name _____ Signature _____ Dated _____
PLEASE COMPLETE OUR RESALE TAX EXEMPTION CERTIFICATE AND EMAIL BACK WITH THIS APPLICATION

SUPERIOR BLINDS + SHADES LLC USE ONLY
Reseller Account No _____ Sales Rep _____ Date _____
Credit Line of _____ Approved By _____ Date _____