



# New Dealer Registration Form

## Shipping

## Billing

Check if same as shipping address

Company Name			Company Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	

## Accounts Payable Contact

Name	Email
Phone	Fax

**Requested payment terms (please select one):**  Net 30\*  COD\*  Credit Card  Prepaid

*\*Credit references are requested for Net 30 or COD terms. Payment terms granted are based upon credit worthiness.*

**Would you like your invoices to be emailed?**  YES  NO

**Is there an email address you'd like your order confirmations to be sent?** \_\_\_\_\_

**Is there an email address you'd like tracking information to be sent?** \_\_\_\_\_

## Trade References

Company Name	Fax
Company Name	Fax
Company Name	Fax

### What is your company's tax status?

*Please note Poly Furniture USA does not need a copy of your company's W-9*

- Taxable on all orders
- Tax exempt on all orders (tax exemption or resale certificate required)
- Tax exempt on some orders (tax exemption or resale certificate required)

**What is your company's Dun and Brandstreet Number?** \_\_\_\_\_

*\*We certify that the above information is true and correct. We agree to pay this account in accordance with the credit terms established above. We authorize Poly Furniture USA to verify this information and/or obtain additional information by securing data from a credit agency.*

Signature	Date
Printed Name	Title

★ **IMPORTANT.** If you complete this form and return it to Poly Furniture USA with your credit references attached, you must still sign above. ★

**Please complete and fax to 641-722-3698  
Contact our Customer Service Department at**

**641.208.6420 | info@polyfurnitureusa.com | PolyFurnitureUSA.com**