



Fabricator of Automated & Custom Window Coverings

61 Mattatuck Heights Road
Waterbury, CT 06705
customerservice@porterpreston.com
www.porterpreston.com
Phone: (866) 753-1113
Fax: (203) 597-8828

Account Application:

Company Name

Phone Number

Address

Fax Number

City, State, Zip

Accounting E-mail

Billing Address (if different)

City, State, Zip

Please Check Box if Shipping Address is Residential

Type of Business: Corporation LLC Partnership Sole Proprietorship

Officers or Partners:

Name Title Social Security #

Name Title Social Security #

Name Title Social Security #

Sales Tax Exempt Number Fed ID Number In Business Since

Estimate of Monthly Purchases: \$ Sales E-mail Address:

Would you like to receive e-mailed tracking notifications for orders? Yes No

Shipping E-mail Address:

Business Interests (check all that apply):

Norman Shutters Blinds & Shades Drapery Hardware Contract Motorization

Would you like to receive Drapery Hardware Automatic Updates? Yes No

*Cost may apply but will not exceed \$25.00 per update (shipping not included).

Payment Method Preferred:

Prepay Open Account (Net 30 Days)

*Contract and/or motorization projects may require a 50% deposit.

How did you hear about us?

If applicable, please provide the name of the Porter Preston Sales Representative that contacted you:

For Office Use Only

Account Number:

Terms:

Credit Limit:

Sales Representative:

If seeking and open account please fill out the following:

Bank Information:

_____ Name of Bank	_____ Address	_____ City, State, Zip
_____ Account Number(s)	_____ Phone Number	_____ Fax Number
_____ Contact Name		

Trade References:

1. _____ Name	_____ City, State, Zip	_____ Phone Number
_____ Account Number	_____ Contact Name	_____ Fax Number
2. _____ Name	_____ City, State, Zip	_____ Phone Number
_____ Account Number	_____ Contact Name	_____ Fax Number
3. _____ Name	_____ City, State, Zip	_____ Phone Number
_____ Account Number	_____ Contact Name	_____ Fax Number

If paying by credit/debit card fill out the below section (credit card payment available for Prepay only):

Credit/Debit Card Type: Visa MasterCard Discover American Express (Business Only)

Card Number: _____ Exp. Date (mo/yr): _____

Name on Card: _____ Security Code: _____

Signed: _____

The information furnished on this application is for the purpose of obtaining credit and I understand that this information will be relied upon for the extension of credit. I hereby certify that the information is true, correct and complete. Porter Preston, Inc. is authorized to investigate my company's credit and bank records and report to the proper persons and bureaus the performance of this agreement.

If credit is granted, standard terms for invoices are net 30 days from the date of invoice. Interest will be charged on past due accounts at the rate of 1 ½% per month, such charge not to exceed the maximum allowed by state law. Upon default of the terms of this agreement, Porter Preston, Inc. may declare the existing balance due and payable and may also charge for reasonable attorney and collection fees. All resulting legal actions will be filed and settled in Connecticut courts. I (we) agree that any monies owed under this agreement are not transferable and in the event of change of ownership I (we) will notify Porter Preston, Inc. in writing thirty (30) days prior to any change of ownership, change in location or cessation of business activity. I (we) further agree that I (we) will be personally responsible for any money not paid by the applicant.

The undersigned deposes and says (please check one):

- That the undersigned is presently serving in the U.S. military or naval service.
- That the undersigned is not presently serving in the U.S. military or naval service.

_____ Company Name	_____ Date
_____ Owner or Officer Signature	_____ Title



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Credit Card Authorization Form

Porter Preston, Inc. offers only Net 30 day terms. If Porter Preston, Inc. has not received payment within 90 days of the date of any invoice made out to the above company, then they reserve the right and will be allowed to charge the MasterCard, Visa or Discover card(s) belonging to this company or the owner(s) of this company for the full amount owed on the invoice(s).

Credit/Debit Card Type: MasterCard Visa Discover American Express

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Cardholder's Name as it appears on the Credit Card: _____

Billing Address of Credit Card:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I/We agree to furnish Porter Preston, Inc. with credit card changes as necessary.

Authorization to charge credit/debit card if necessary is hereby given by:

Print Name: _____

Signature: _____

Position: _____