



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

Address

City, State, Zip

Billing Address (if different)

Phone Number

Fax Number

Accounting E-mail

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



Fabricator of Automated & Custom Window Coverings

Credit Card Authorization Form

Porter Preston, Inc. offers only Net 30 day terms. If Porter Preston, Inc. has not received payment within 60 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 _____

email us at customerservice@porterpreston.com

www.porterpreston.com • Tel: (866) 753-1113 • Fax: (203) 597-8828



Fabricator of Automated & Custom Window Coverings

Check Draft Authorization Form

I, _____ Account # _____, hereby authorize Porter Preston, Inc. to duplicate the attached, or otherwise provided check, in bank draft form.

This authorization is valid for this transaction only.
The transaction amount will be for exactly \$ _____.

This authorization is valid for [monthly, daily, weekly]
debits to my account by use of check draft.

This is an open authorization to allow debits to my account
in check draft form for balance due on my account or future orders.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Porter Preston, Inc., and _____,
account # _____.

I also understand that if my item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, Porter Preston, Inc., will attempt to redeposit the item or items, and may choose to assess a returned check charge in the same or separate draft for \$25, or the maximum returned check charge allowed in your state.

Authorized Accountholder Signature

Date

TAPE YOUR CHECK HERE

and fax to: (203)597-8828

email us at customerservice@porterpreston.com
www.porterpreston.com • Tel: (866) 753-1113 • Fax: (203) 597-8828

CREDIT POLICY

Terms of Payment

Invoices must be paid within terms set forth by Porter Preston. All new and re-instated accounts will be prepaid until credit is established. If an extension of credit is approved by Porter Preston, standard payment terms are Net 30 Terms, whereby all invoices dated the 1st through the 30th must be paid within 30 days of date of invoice. Any payment terms other than those specified must be approved in writing by an Accounts Receivable (Credit) Manager of Porter Preston. Porter Preston reserves the right to change a dealer's payment terms without notification. Large contract orders may require a deposit. Orders may be held from production on any account that becomes past due. The dealer will need to contact Porter Preston A/R (Credit) Department to make payment arrangements before the order(s) will be released into production.

Past Due Balances

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 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 applicant.

Payment Methods

Credit cards are for prepayments only. Customers with Net 30 Terms have the option to pay with a credit card only when the order is placed. If Porter Preston, Inc. has not received payment within 60 days of date of any invoice, we reserve the right and will be allowed to charge the MasterCard, Visa, Discover or American Express card on file, belonging to company being invoiced for the full amount owed.

Payments may be submitted by check via mail, email or fax using our Check Draft Authorization form.

NSF Checks

Checks returned to Porter Preston for non-sufficient funds (NSF) will be assessed a \$25.00 service fee. If a NSF is received, the account will be placed on immediate credit hold. Lifting the credit hold status and establishing appropriate payment terms will then be determined by Porter Preston. The NSF checks must be replaced with certified funds immediately or Porter Preston will seek remedy under the applicable state law.

Problem Resolution

Porter Preston recognizes that problems arise from time to time. The Customer Support and/or A/R Departments must be notified immediately so that such problems may be resolved. Contact the A/R (Credit) Department if your account will go past due to prevent your orders from being placed on hold.