



Company Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please take the time to browse our website and select the mouldings you wish to show in your gallery. We provide new customers with 25 free corner samples on the condition you display them in your gallery.

Remember to fill out the credit application on the following two pages and fax or mail everything together.

- | | | |
|---------|----------|----------|
| 1 _____ | 10 _____ | 18 _____ |
| 2 _____ | 11 _____ | 19 _____ |
| 3 _____ | 12 _____ | 20 _____ |
| 4 _____ | 13 _____ | 21 _____ |
| 5 _____ | 14 _____ | 22 _____ |
| 6 _____ | 15 _____ | 23 _____ |
| 7 _____ | 16 _____ | 24 _____ |
| 8 _____ | 17 _____ | 25 _____ |
| 9 _____ | | |

Comments/Questions: _____



Business Credit Application

1325 Dug Gap Road • Dalton, GA 30720
 Toll Free: 866-891-5054 • Fax: 866-891-5055
 www.cuttingcornersinc.com

Company Information

Company Name:			Sales Tax #:		
Phone:	Fax:	Type of Business:	Date Business Established:		
Billing Address:			Shipping Address:		
City:	State:	Zip:	City:	State:	Zip:

Owner(s) Information

Home Phone of Principal 1:		Type of Organization (Corporation, Partnership, Individual, or LLC):	Home Phone of Principal 2:		
Name and Position of Principal 1:			Name and Position of Principal 2:		
Home Address 1:			Home Address 2:		
City:	State:	Zip:	City:	State:	Zip:

Trade References

Company Name:			Company Name:		
Contact Name:			Contact Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Fax:		Phone:	Fax:	
Account #:			Account #:		
Outstanding Balance:	Date Account Established:		Outstanding Balance:	Date Account Established:	



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Personal Guaranty

I hereby personally guarantee to you the payment of any debts of the company applying for credit. I hereby bind myself to you on demand any sum which may become due to you by the company whenever the company shall fail to pay. I understand that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice to default, non-payment and notice thereof and consent to any modification of renewal of the credit agreement herein guaranteed.

Print name of authorized officer/title

Signature/Date

I hereby certify that the information provided in this application is accurate and complete. I authorize credit inquiries to confirm my financial responsibility both as an individual and business organization. I hereby consent to the release and disclosure of the above information sought by those inquiries to Cutting Corners, Inc. I understand that the credit terms are set up on a NET 30 DAYS, with a 2% finance charge due on late payments. I have read and understand the Terms and Conditions.

Print name of authorized officer/title

Signature/Date

Blanket Credit Card Authorization

Name on Card:	Type of Card:
Credit Card #: (Note: Cutting Corners, Inc. only accepts Visa and Mastercard)	Expiration Date:

I hereby authorize Cutting Corners, Inc. to charge the credit card given above.

Print name of authorized officer/title

Signature/Date