



Thank you for your interest in becoming a Comfortex Authorized Dealer.

CREDIT APPLICATION CHECKLIST

1. Comfortex Credit Application.
Pre-Pay Account: Page 1 of Application in its entirety.
Please be sure of the following
 - Do you have an existing account with a Hunter Douglas Company?**
 - Billing and Shipping Address completed
 - Principal(s) of company listed
 - Valid Telephone and Fax# listed
 - Valid Email address for order confirmations, invoices and account statement
 - Terms of Sale MUST be signed by principal of company**
 - Attach Completed Credit Card Authorization FormCredit Line Requested: Page 1 and 2 of Application in their entirety
Please be sure of the following:
 - Billing and Shipping Address completed
 - Principal(s) of company listed
 - Valid Telephone and Fax# listed
 - Valid Email address for order confirmations, invoices and account statement
 - Amount of credit line requested listed
 - Terms of Sale MUST be signed by principal of company on page 1
 - 3 Trade References and one Bank Reference listed
2. **Personal Guarantee signed.**
3. **Include a copy of your state's Resale Certificate as well as any additional Ship to Address you may have (states that are exempt are Alaska, Delaware, Montana, New Hampshire and Oregon)**
 - **If you do not have a copy of your state's resale certificate, please complete the attached Uniform Sales & Use Tax Exemption/Resale Certificate – Multijurisdiction Form for the states listed on said form. If your state is not listed on this form, you must submit your state specific form.**
4. Include a copy of the principal's driver license
5. **Fax completed application to the attention of Karen at 877-268-4909 or email to creditdepartment@comfortex.com**

Please be sure all information is legible

All forms that require a signature are to be the original signature from a principal of the company.

If you have any questions or concerns, please contact your Territory Sales Manager.

Sincerely
Elizabeth Gallo
Credit Supervisor
Comfortex Window Fashions

Do you have an existing account with a Hunter Douglas Company?
 Yes: Provide account #: _____
 No



21 Elm Street, Maplewood, NY 12189
 Phone (518) 273-3333 Fax (877) 268-4909
 Email: creditdepartment@comfortex.com
 Member Credit Link

MDG Ticket #: _____
 New Account #: _____

TERMS REQUESTED - PLEASE CHECK ONE

Do you have a sample or product order pending? Yes No
 Pre-Pay - Credit Card or E-Check (Complete and SIGN Application Page 1 and the attached Credit Card Authorization Form)
 Credit Line (Net 30 day terms) Credit Line Requested \$ _____ (Complete and SIGN Application Pages 1 & 2)
 Comfortex reserves the right to request additional information from customers requesting a credit line of \$5,000.00 or higher.
 Please be sure to complete all information requested to ensure prompt processing.

Company Name: _____ Federal Tax ID #: _____

Company Website (if applicable): _____

Default Attributes: 1: Third Party 2: Dealers 3: Shop at Home 4: Independent Window Coverings
 Ownership: Proprietorship Partnership Corporation
 Years in Business: _____ Number of Employees: _____ Est. Comfortex Annual Purchases \$ _____

Billing Address	Shipping Address (if different from Billing)
Address: _____	Address: _____
City _____	City _____
State and Zip Code _____	State and Zip Code _____
Phone: _____	Phone: _____
Fax/Email _____	Fax/Email _____

Principal #1	Principal #2
Name: _____	Name: _____
Title: _____	Title: _____
Address _____	Address _____
City/ST/ Zip _____	City/ST/Zip _____
Phone: _____	Phone: _____

A/P Manager/Controller: _____ Marketing Contact: _____

Have you ever applied for credit from Comfortex under an existing or previous business name? Yes No
 If yes, Company Name _____ Account #: _____

Email Addresses list below:
 Order Confirmations (if differs from above): _____
 Invoices (if differs from above): _____
 Statement of Account (if differs from invoices): _____

TERMS OF SALE
 Conditions: Prepay or Net 30 day terms upon approval. Additional terms of sale including terms of payment and allowable discounts for each purchase are agreed to be those specified on the face of each invoice. Balances carried past the due date or over established credit line will cause new orders to be held out of production. The customer hereby agrees to pay all collection and legal fees if such action be necessary. I have read the above conditions and hereby agree to them.
 Date: _____

Signature of Principal and Title – Must have signature authority for business
 ****Please attach Resale Certificate for all ship to location which will be used****
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Trade References (required for credit line request)

(1) Company Name: _____ Account #: _____
 Address _____ City _____ State _____ Zip Code _____
 Phone (____) _____ Fax (____) _____
 Email Address: _____

(2) Company Name: _____ Account #: _____
 Address _____ City _____ State _____ Zip Code _____
 Phone (____) _____ Fax (____) _____
 Email Address: _____

(3) Company Name: _____ Account #: _____
 Address _____ City _____ State _____ Zip Code _____
 Phone (____) _____ Fax (____) _____
 Email Address: _____

BANKING INFORMATION (required for credit line request)			
Bank Name: _____			
Address: _____		City _____	State _____ Zip Code: _____
Phone (____) _____		Fax: (____) _____	
Account Number: _____		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

PERSONAL CREDIT CHECK/BANK REFERENCES (required for credit line request)			
Your signature here authorizes Comfortex Corporation to view your Personal Credit Bureau Report			
_____ Printed Name	_____ Signature	_____ Social Security Number	_____ Date
Your signature here authorizes the above named bank to release financial information to Comfortex Corporation			
_____ Signature of person authorizing release			_____ Date:

PERSONAL GUARANTEE

In consideration of credit being extended by Comfortex Corporation to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor(s) hereby contract and guarantee to Comfortex Corporation the faithful payment, when due, of all accounts of said applicant for purchases made. Payment shall be personally guaranteed irrespective of status or change in existing business of which the undersigned is a principal (owner, partner or officer).

In addition to guaranteeing full payment, the undersigned agrees to reimburse Comfortex Corporation for any and all expenses incurred in the collection of said indebtedness, including, but not limited to, legal fees, expenses and interest at the maximum legal rate permitted by state.

Principal Signature #1 Date: _____

Principal Signature #2 Date: _____

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2—4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Comfortex Window Fashions

Address: 21 Elm Street, Maplewood, NY 12189

I certify that:
 Name of Firm (Buyer): _____
 Address: _____

is engaged as a registered
 Wholesaler
 Retailer
 Manufacturer
 Seller (California)
 Lessor (see notes on pages 2—4)
 Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	
AR		NE ¹⁷	
AZ ²		NV	
CA ³		NJ	
CO ⁴		NM ^{4,18}	
CT ⁵		NC ¹⁹	
DC ⁶		ND	
FL ⁷		OH ²⁰	
GA ⁸		OK ²¹	
HI ^{4,9}		PA ²²	
ID		RI ²³	
IL ^{4,10}		SC	
IA		SD ²⁴	
KS		TN	
KY ¹¹		TX ²⁵	
ME ¹²		UT	
MD ¹³		VT	
MI ¹⁴		WA ²⁶	
MN ¹⁵		WI ²⁷	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
 (Owner, Partner, or Corporate Officer, or other authorized signer)

Title: _____

Date: _____



Comfortex

WINDOW FASHIONS

CREDIT CARD AUTHORIZATION FORM

For Internal Use Only:

DAR _____

OAR _____

Company Name: _____ ACCOUNT #: _____

Name on Credit Card: _____

Mailing Address on Statement: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

TYPE OF CARD:

VISA M/C AMEX DISCOVER ACH

Card #: _____ Expiration Date: _____

Verification Code: _____ 3 digit # on the back of Visa, M/C or Discover card, 4 digit # on front of AMEX

If ACH: Bank Name: _____

Routing #: _____ Bank Account #: _____

AMOUNT TO BE CHARGED: \$ _____

To receive an email receipt, include your email address: _____

Please make sure to include all of the information above for your payment to be processed in a timely manner.

_____ I hereby authorize Comfortex Window Fashions to pay for the Reference Numbers listed below with my
Via/Mastercard/Discover/American Express Credit Card or to deduct as an ACH
OR

_____ I hereby give a standing authorization to Comfortex Window Fashions to charge by
Visa/Mastercard/Discover/American Express credit card or deduct as ACH for orders placed on a prepay basis.

Cardholder Signature

Date

REFERENCE NUMBER	SIDEMARK	AMOUNT

Total Amount to be Charged: \$ _____

Please fax this authorization directly to our Credit Department at (877) 268-4909
If you have any questions, please contact the Credit Department at (800) 843-4151 ext 530365.