

In & Out Cabinetry, Inc.

New Customer Application and Setup

Fax or mail to:

P.O. Box 1113
Oneco Fl. 34264
Phone: (941)739-5729
Fax: (941) 752-2368

Office use only:

Customer # _____
Multiplier _____ Freight.# _____
Sales Rep. _____
Date Rec. _____

Legal Name of Company _____

Store Name _____

Ship to address _____

City _____ **State** _____ **Zip** _____ **County** _____

Mailing address _____

City _____ **State** _____ **Zip** _____ **County** _____

Telephone _____ **Fax** _____ **E-mail** _____

Business Structure: Corporation _____ Proprietorship _____ Partnership _____ Other _____

Type of Business: Architect/Designer _____ General Contractor/Builder _____ Cabinet shop _____

Showroom Dealer _____ Other (please specify) _____

Years in business: _____ **EIN#:** _____ **Sales Tax#:** _____ *

Invoice Sent To: Store _____ Home office _____ (If different than above, Please fill out below)

Name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Store Manager Name _____

Buyer's Name (first) _____ **(last)** _____ **Position** _____

Buyer's Name (first) _____ **(last)** _____ **Position** _____

Will purchase orders be required on orders placed by the company? Yes _____ No _____

Send delivery notices to (Name, Position) _____

Send Price Change notices to (Name, Position) _____

Do we need to pre-schedule deliveries? Yes _____ No _____

Signed _____ **Position** _____ **Date** _____

Print Name _____

*Please include a copy of certificate



US Mail to:
In & Out Cabinetry, Inc.
P.O. Box 1113
Oneco, FL 34264

Ship to:
In & Out Cabinetry, Inc.
1625 - 50th Ave. Dr. E.
Bradenton, FL 34203

PERSONAL GUARANTEE

INSTRUCTIONS: Fill out the form, and Mail to above address

Date: _____

Legal Name _____

Trade Name if Any _____

Address _____

Business Phone _____ Business Fax _____

Type of Business: Corporation _____ Partnership _____ Individual Business _____ Other _____

PRINCIPALS OR OWNERS:

1) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

2) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

3) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

Signed _____ Witness _____ Date _____

Signed _____ Witness _____ Date _____

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.