

# THE ROBERT ALLEN GROUP

# CREDIT APPLICATION

55 Cabot Boulevard, Mansfield, MA 02048-9103 Toll Free 1-800-333-3776, Phone 508-339-9151, Fax 508-339-1270

## Product(s) to be purchased:

Robert Allen/Beacon Hill

Contract

## Fabric: Preferred Selling Terms

Open Net 30       COD       Credit Card       Proforma (CBD)

If Open terms are requested, what Credit Limit is desired?      \$ \_\_\_\_\_

What is your Projected Sales Volume?      \$ \_\_\_\_\_

Please attach a copy of your most recent Financial Statement.

## Furniture: Preferred Selling Terms

Delivery by authorized Beacon Hill Receiver: 50% deposit and balance paid prior to delivery.

Delivery by non-authorized Beacon Hill Receiver: 100% due at time of order.

## Company Type

Corporation       LLC       Partnership       Sole Owner

What state incorporated

04- \_\_\_\_\_

Federal ID No.      Date Present Management in Control

Do you require a Statement each month?       Yes       No

## Business Information

Trade Name \_\_\_\_\_

Corporation Name \_\_\_\_\_

Subsidiary of \_\_\_\_\_

A division of \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_

Phone \_\_\_\_\_

( ) \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Shipping Address, if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_

Phone \_\_\_\_\_

( ) \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

## Authorized Officer or Owner(s) (Include social security numbers(s) and home addresses for sole owner or all partners)

Name \_\_\_\_\_

Title \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

## Resale Tax Certificate(s) and Workroom Declaration(s)

The Robert Allen Group is required to tax all shipments unless a completed tax form is on file. If your order is being shipped outside your home state, a completed Workroom Declaration Form is also required.

**Bank Reference and Authorization**

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_ Bank Officer \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

I authorize the above bank to release our balances, security, loan information, ratings, credit lines, and any other information in order to establish credit or update credit information.

**X**  
Duly Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Credit References**

Business Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Consumer Credit Report** (Sole owner or Partnership or Personal guarantee signed by an officer of Corporation)

The undersigned hereby consents(s) to The Robert Allen Group's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s), and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) The Robert Allen Group to utilize a consumer report on the undersigned from time to time in connection with the extension of continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act (15 U.S.C. @ 1681.et seq.)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Duly Authorized Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Duly Authorized Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Terms and Conditions**

**Before an account is opened with net 30 day terms, the applicant MUST BE APPROVED by The Robert Allen Group's Credit Department, or by authorized Personnel, and MUST AGREE to The Robert Allen Group's then current Standard Terms and Conditions of Sale.**

I agree to pay all debts incurred within terms. Should the debt become past-due, I agree to pay finance charges at the rate of 1 1/2 % per month (18% annual rate), or the maximum rate of interest allowed by law, whichever is less. I further agree to pay reasonable collection costs and/or attorney fees incurred in connection with the collection of this account.

In addition my duly authorized signature gives The Robert Allen Group written authorization to update the current condition of my account with all existing and future creditors, lending institutions, or any other credit reporting agency to release any pertinent information in order to establish credit or update credit reference or account information.

The terms and conditions of sale as listed on The Robert Allen Group's price list or invoice shall govern the transactions of the parties with respect to the sales of The Robert Allen Group's product to the undersigned. Other than specific fabric descriptions, quantity or delivery terms, and additional or contrary terms and conditions contained in the undersigned's purchase order(s) shall be of no force or effect.

**This application must be signed to be processed. See other signatures above for Bank Authorization and for Consumer Credit Reports.**

**X** \_\_\_\_\_  
Duly Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Title (Sole Owner/Partner or Officer) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

**Notice: If your application for business credit is denied, you have the right to a written statement of the specific reason(s) for the denial. To obtain the statement please write to the Company at the address on the front of the application within 60 days from the date you are notified of our decision. We will respond to your written request within 60 days.**

Please assist us in processing your application quickly by providing all the information requested. Applications must be signed to be processed.