



East Regional/Corporate Office  
 270 Crossway Road  
 Tallahassee, FL 32305  
 800-874-3168  
 Fax 850-878-6093

Register for online access at  
[www.skandiawf.com](http://www.skandiawf.com)

**CREDIT APPLICATION – PLEASE PRINT CLEARLY**

Fill out BOTH sides/pages of application. Sign and date where indicated.  
 Your application for credit must be approved before your first order can be processed.

CCA Global Member

Skandia Sales Rep Name	This is a: <input type="checkbox"/> New Account
Terms Requested <input type="checkbox"/> CIA <input type="checkbox"/> PIA <input type="checkbox"/> COD <input type="checkbox"/> Net 30	<input type="checkbox"/> Reactivation
Credit Line Requested	<input type="checkbox"/> Change of Terms

Billing Address		Shipping Address (if different from Billing Address)	
Firm Name		Firm Name	
DBA		DBA	
Address		Address	
City	County of	City	County of
State	Zip	State	Zip
Phone ( )		Phone ( )	
Fax ( )		Fax ( )	
Cell Phone Number ( )		Approximate annual sales volume \$	
Email Address		Years in Business	Years at present location

I would like to receive:  email on product information and special promotions;  email confirmation on faxed orders;  UPS email shipping information on my orders. Skandia Window Fashions will not sell or distribute email addresses.

Sole Proprietorship  Partnership  Corporation

Owner/Officer Name	Title		
Drivers License #	SSN		
Home Address	Home Phone ( )		
City	County of	State	Zip
Window coverings are <input type="checkbox"/> Primary Business(P) <input type="checkbox"/> Secondary Business(S) Business located in <input type="checkbox"/> Storefront(L) <input type="checkbox"/> Home(H)			
Primary Business Type <input type="checkbox"/> Window Coverings(W) <input type="checkbox"/> Floors(F) <input type="checkbox"/> Paints(P) <input type="checkbox"/> Wallpaper(R) <input type="checkbox"/> Furniture(G)			
<input type="checkbox"/> Interior Design(I) <input type="checkbox"/> Other(M)			

**Trade References – required for all accounts, please furnish account/fax numbers for all to expedite processing**

(1) Account #	(2) Account #
Company	Company
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Fax	Fax

(3) Account #	(4) Account #
Company	Company
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Fax	Fax

Bank Institution Name	Phone
Bank Account Number	Address
City/State/Zip	

# The blank spaces below must be completed before application can be processed.

**Firm Name** \_\_\_\_\_

## Credit Policy/Terms of Sale

1. All invoices are due for payment 30 days after invoice.
2. Past due balances are assessed a finance charge of 1½% per month, which is equal to an annual percentage rate of 18%, or the maximum rate authorized by law, whichever is lowest. Any past due accounts will be placed on credit hold.
3. Non-current accounts will be placed on a cash basis at our option, unless arrangements have been made in advance of the sale for possible extended terms.
4. In the event that any account is not paid when due and legal action is commenced, the prevailing party shall be entitled to its reasonable attorney fees and court costs, including any cost of appeal. Parties hereby agree that if any suit or action is brought to enforce any part of terms of sale herein, venue of said suit should be in the District Court of the State of Florida.
5. Signature by you or your authorized representative on the invoice or order is presumed to establish your acceptance of the terms and conditions set forth herein, without exception, and your agreement to comply with said terms.
6. It is expressly agreed that at the sole discretion of Skandia Window Fashions, if this account is delinquent and is referred to a third party or parties for collection, all additional costs will be borne by the signee.
7. Personal credit may be checked as part of the credit investigation.

I hereby certify, to the best of my knowledge, that the information, submitted for the purpose of securing an account with Skandia Window Fashions, and credit, if requested, is true and accurate. I agree as a condition of the extensions of credit to pay all invoices within the terms set forth by Skandia Window Fashions, in their credit policy/terms of sale.

I hereby authorize the release of any information necessary to assist in establishing a line of credit with Skandia Window Fashions.

**This certificate for Resale must be completed by all applicants.  
If a valid state sales tax number is not available, check the "tax at source" box.  
The tax number must be for the state to which the products are to be shipped.  
In all cases, it must be signed and dated.**

## Certificate of Resale

I hereby certify, that I hold a **valid state sales tax number** \_\_\_\_\_ **(if you do not have a tax number, check here:  "tax at source")** issued pursuant to the sales tax law; that I am engaged in the business of selling interior window coverings and that the tangible personal property described herein, which I shall purchase from Skandia Window Fashions will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase of such property. Description of property to be purchased: blinds, shades, vertical, shutters, fabric, arches, cornices.

**Signed** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

FOR OFFICE USE ONLY			
Account Number		Salesperson #	Tax Codes
Approved by		Ship via	State
Date Approved		<input type="checkbox"/> Taxable	County
Entered By		<input type="checkbox"/> Non Taxable	City
CR Link <input type="checkbox"/> Y <input type="checkbox"/> N TRW <input type="checkbox"/> Y <input type="checkbox"/> N D&B <input type="checkbox"/> Y <input type="checkbox"/> N		Plan	Trans
Terms Granted <input type="checkbox"/> CIA <input type="checkbox"/> PIA <input type="checkbox"/> COD <input type="checkbox"/> Net 30		credit line \$	Other