

Window Covering Specialties, Inc.
dba **SPP Industries USA**
658 - 25th Street, PO Box 72, Chetek, WI 54728
Fax: 715-924-4244 Phone: 715-924-0028
E-Mail: Sales@SPPIndustriesUSA.com

Dealer Account Application

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Ownership: Corporation _____ Partnership _____ Sole _____ How Long in Business? _____

If a division or subsidiary of another company, please specify: _____

Name of Principle Officer or Owner: _____ Title _____

Description of Business: _____

Persons to Contact: Purchasing _____ Accounts Payable _____

Account Terms Request

(Please fill out the appropriate section below.)

We wish to apply for 30 day credit terms. We authorize SPP to investigate our credit history as needed. We understand that credit terms are offered solely at SPP's discretion.

Please open our account immediately. I authorize SPP to charge our purchases, when shipped, to our credit card:

Visa, MasterCard, American Express, Discover, to be furnished with each order.

Card Number _____ Expiration Date _____ Code: _____

Name on Account _____ Signature _____

Sales and Use Tax Statement

I hereby certify that I am in the business of selling window covering products and that the products that I purchase from SPP Industries USA are being purchased for resale or for the purpose of manufacturing another product destined for sale.

My Sellers Permit or Sales & Use Tax number is _____ issued by the State of _____

I confirm that all of the above is true and correct to the best of my knowledge.

Name (printed) _____ Signature _____