

## Account Application

Please complete the following form to establish a Widmer Interiors account.  
Contact Accounts Receivable at 309.693.9300 with any questions. Thank you.

Business Name: \_\_\_\_\_  
Billing Address 1 : \_\_\_\_\_  
Billing Address 2 : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Email : \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Purchase Order Required: Yes No  
Purchases Taxable: Yes No Tax Exempt #: \_\_\_\_\_  
(If no, please attach tax exempt certificate)  
Purchases for Resale: Yes No Resale Tax #: \_\_\_\_\_  
(If yes, please attach resale certificate)  
Type of Business: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Business Classification: Corp: Partnership: Propriety:  
FEIN #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Owner/Manager at Billing Location: \_\_\_\_\_  
Bank Name : \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_ Bank Account # \_\_\_\_\_  
Bank Phone: \_\_\_\_\_ Bank Fax: \_\_\_\_\_  
**Trade References:** Two local references preferred. Include company name, complete address, phone and fax numbers.  
Company Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone# (\_\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_\_) \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone# (\_\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_\_) \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone# (\_\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_\_) \_\_\_\_\_

I understand, accept, and comply with Widmer Interiors terms of sale. I understand that invoices are due and payable within 15 days, and that 1.5% interest will be charged monthly on the invoice balance after 30 days.

Authorized Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_