



AA CABINETRY INC.
18450 E. Gale Ave. City of Industry, CA 91748
Tel: 626-965-2180 Fax: 626-810-5919
www.aacabinetry.com

NEW ACCOUNT APPLICATION

1. ACCOUNT REGISTRATION

Company Name:	Contact Name:
Telephone:	Fax:
Address:	
Email:	Website:

2. BUSINESS INFORMATION

Type of Business: []Corporation []Partnership []Sole Proprietorship	
Number of Years Under Present Ownership:	
Full Name of Principals: Complete Corporate Officers, Partners, Owners, Etc	
Owner Name:	
Contact Name 1:	Contact Name 2:
Check One Best Describing Your Business	
<input type="checkbox"/> Wholesaler <input type="checkbox"/> Store Retailer <input type="checkbox"/> Internet Seller <input type="checkbox"/> Contractor <input type="checkbox"/> Builder <input type="checkbox"/> Other:	
Seller's Permit No.:	Contractor License No.:
Federal Tax ID No. :	Business License No.:

3. APPLICANT INFORMATION

Full Name:	Tel:
Occupation/Title:	Cell:
Email Address:	With Business Since:
How Did You Hear About AA Cabinetry :	
<input type="checkbox"/> Website <input type="checkbox"/> Freeway Sign <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Referred By: _____ <input type="checkbox"/> Other: _____	

4. ADDITIONAL INFORMATION:

Current Supplier(s):	
Monthly Purchase:	Monthly Sales:

5. BUSINESS REFERENCE:

Company Name:			
Address:	City:	State:	Zip:
Tel:	Fax:	How long associated with company:	

6. AUTHORIZATION

Print Name:	
I have read and understand the retur/exchange policy and agree to comply with all terms and conditions	
Signautre:	Date:

7. FOR AA CABINETRY OFFICE USE ONLY

Application Approved By:	Sales Rep:	Price Level:
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Office Notes:
