



# UNIVERSAL WINDOW COVERINGS, INC.

## New Dealer / Update Information Form

Please print clearly and fill out completely.

Return with a copy of your current **Florida Annual Resale Certificate for Sales Tax**, by email, fax or mail. Out of state dealers please provide a copy of your **State Business License**.

Company Name _____	
Street Address _____	State _____
City _____	Zip _____
Date of Application _____	Office Phone _____
<b>Owner Name</b> _____	Phone _____
<b>Contact</b> _____	Position _____
<b>Email Notifications:</b>	
Shipping Notification _____	Order Confirmation _____
Credit Hold _____	Invoice Notifications _____
Statements _____	Invoice Past Due _____
Credit Memo _____	<input type="checkbox"/> Check here if you wish to receive invoices via Email
Return Reminder _____	How would you describe your business? _____
Sales Representative _____	

### Shipping Address

Please check if this is a residence

Address \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Please notate here if this address belongs to a 3rd party installer or a storage unit \_\_\_\_\_

Receiving Hours \_\_\_\_\_ to \_\_\_\_\_

All new accounts are established as COD.

**Net Terms** - Check here if you are interested in having terms. Accounting will send a credit application and will check references.

Please note any special delivery instructions: \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_