



Classic Kitchen Doors, Inc.  
 208 E. Bower  
 Meridian, ID 83642  
 Phone: (208)888-4774  
 Fax: (208)888-4833

Date: \_\_\_\_\_ Prepay: \_\_\_\_\_ Visa: \_\_\_\_\_ COD: \_\_\_\_\_ 30 Days, DOI (Date of Invoice)  
 (Please check one of the above. If selecting deferred terms, entire application must be completed)

Name of Business: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Owner: \_\_\_\_\_ LLC.: \_\_\_\_\_

Year Established: \_\_\_\_\_ Time at Present Location: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

State Tax Exempt Number: \_\_\_\_\_ (Please attach a copy of your ST 101 form)

**Names and titles of Majority shareholders and Officers (if Corp.), all Partners (if Partnership), all members (if LLC), and/or all managing members (if LLC).**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Amount of credit requested: \$ \_\_\_\_\_

Are purchase orders required? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: All payments will be applied to the oldest invoice forward, including service charges.

**Bank References:**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Trade References:**

(Please include zip codes and fax numbers)

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_