



CRAWFORD INDUSTRIES, INC.

PO Box 5171

High Point, NC 27262

336-884-8822

Fax: 336-884-8835

www.ArtisticQuiltingInc.com

Account #: _____

Will be assigned by AQ

CERTIFICATE OF RESALE & NEW ACCOUNT INFORMATION FORM

Company Name: _____

Street Address for UPS: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Cell: _____

Federal TIN or SS#: _____ State Sales Tax #: _____

Sole Proprietorship: _____ Partnership: _____ Corporation: _____

How long in business?: _____ Previously in business?: _____

If "yes", where?: _____ When?: _____

Name of previous business: _____

Terms Requesting: COD _____ Pro Forma (CBD) _____ Open _____

A Credit Card Authorization Form is attached: _____ I have read and agree to the Quilting Standards: _____

If requesting Open Account, please provide the following:

Artistic Quilting's terms are Net 10 Days:

Do you plan on paying within these terms? _____

Do you understand that interest will be charged on past due accounts? _____

Bank Reference: _____ Address: _____

City: _____ State: _____ Zip: _____

Trade Reference: _____ Address: _____

City: _____ State: _____ Zip: _____

Trade Reference: _____ Address: _____

City: _____ State: _____ Zip: _____

Trade Reference: _____ Address: _____

City: _____ State: _____ Zip: _____

This Certificate is to be signed by the owner or partner of a business or, if a corporation, by an authorized officer.

Print Name _____ Title _____

Signed _____ Date _____