



CUSTOMER INFORMATION & APPLICATION FOR CREDIT

I am interested in purchasing*: Corian® Zodiaq® Blanco® Nichiha® Tyvek®

*Not all products available from Hallmark in all geographies. We will contact you if there is a question.

Please fill in **COMPLETELY AND LEGIBLY** in order to expedite.

Order Pending

Business Name: _____

Credit Line Requested: \$ _____

Bill to Address: _____

(If requesting more than \$10,000, you must include most recent copy of financial statements).

City, State, Zip: _____

Ship to Address: _____

County: _____

City, State, Zip: _____

Phone Number: _____

County: _____

Date Business was Established: _____

Fax Number: () _____

Purchasing Contact: _____

E-Mail: _____

Payables Contact: _____

Tax Exempt? Yes No

Phone Number: () _____

If yes, you must enclose **Exemption Certificate**

P.O. Number Required? Yes No

Job Number Required? Yes No

Hallmark sends all invoices electronically.

Please provide an email address (preferably) or fax number for your Accounts Payable Department

E-mail: _____

Fax Number: () _____

BUSINESS TYPE

Corporation

Sole Proprietor

President Name: _____

Sole Proprietor Name: _____

Vice President Name: _____

Address: _____

Partnership

City, State, Zip: _____

Name: _____ % owned: _____

Phone Number: () _____

Name: _____ % owned: _____

*** MAJOR TRADE REFERENCES (must have fax number to process)- *Only needed if requesting open account**

Trade references should be businesses you are currently on open account terms with. Large corporations typically will not share trade information. Providing references that will not share information will only delay your application.

Supplier Name:

Phone Number with area code (required)

Fax Number with area code (required):

1. _____

() _____

() _____

2. _____

() _____

() _____

3. _____

() _____

() _____

4. _____

() _____

() _____

BANK REFERENCE

Bank Name: _____

Account Number: _____

Address: _____

Phone Number: _____

City, State, Zip: _____

Fax Number: _____

Credit Application Terms and Conditions of Sale

Payment terms: *For DuPont Tyvek® Weatherization System products: 1% 10, net 30 days from date of invoice.
For DuPont Corian®, DuPont Zodiac®, Blanco®, or Nichiha®: Net 30 days from date of invoice.*

Conditions:

- 1) Applicant warrants that all statements on this form are true and correct and are made for the purpose of obtaining credit from Hallmark Building Supplies, Inc. (hereafter Hallmark). Applicant authorizes Hallmark to request credit information from the references herein listed or from other sources pertaining to Applicant’s financial responsibility. Applicant agrees to payment terms listed above based on the product/s purchased.
- 2) Submitted Financial Statement will be kept in the strictest confidence by Hallmark personnel.
- 3) Applicant further agrees to pay late payment penalty of 1.5% per month (18% annually) on any unpaid balance due. The applicant agrees to indemnify Hallmark for all expenses incurred in connection with the collection of amounts payable, including court costs and attorney’s fees.
- 4) In the event that open account is not extended, C.O.D., wire transfer, and credit card are available to obtain product. Call for details.

By signing, you are agreeing to the Terms and Conditions above.

Authorized Signature: _____ Title: _____

Company: _____ Date: _____

Please return to:

Credit Department– Nancy Ray
Hallmark Building Supplies, Inc.
2120 Pewaukee Road, Suite 100
Waukesha, WI 53188-2404
Fax: 800-688-7842
Phone: 262-408-4256
Email: nancyr@hllmark.com

For Internal Use Only	
Sent by:	_____
Sponsored by:	_____
Date:	_____
Product:	_____
Customer Type:	_____



SURFACES NEW CUSTOMER PROFILE FORM

A Different Brand of Supplier.

Please fill out this form and fax it to 800-688-7842. To purchase from Hallmark, also send the completed Customer Information/Credit Application form. This form can be found on www.hllmark.com.

How did you hear about us? DuPont web site Hallmark web site Sales Rep Other: _____

Company Name: _____

Principal Contact for Certification Process: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mobile: _____ Applying to purchase: Corian® Zodiac®

General Information

Company Description: _____

Have you fabricated or installed Corian® or Zodiac® in the past?

CFI #: _____ AMI#: _____ AZI#: _____

Business Focus: _____% Wholesale _____% Retail

Markets Serviced: Residential Commercial Both

Segment Focus: Type of Business as a total % of sales: % New Construction _____ % Remodel _____ % Commercial _____ % Other _____

Do you have your own showroom?: Yes No

Do you Fabricate Corian® for: Lowes Home Depot Costco Sears Home Improvement

Do you Fabricate Zodiac® for: Lowes Costco Sears Home Improvement

Total Number of Employees: _____	Annual Solid Surface purchases: _____	<u>Current</u>	<u>Projected</u>
Total involved in surfaces fabrication: _____	Annual Quartz Surfaces purchases: _____	_____	_____

Tools and Equipment

Panel Saw: Yes No

CNC Saw: Yes No

CNC Router: Yes No

CAD/CAM System: Yes No

V Grooving: Yes No

Thermoforming Oven: Yes No

Other tools, equipment, technology: _____

Logistics

Forklift: Yes No

Can you unload Zodiac® with your forklift?: Yes No

Std Dock: Yes No

Can you accept Semi Shipments?: Yes No

Which days, if any, are you NOT able to accept shipments?: _____

Which day of the week have you been receiving shipments?: _____

Between which hours in the day are you able to accept shipments?: _____

What is your current charge for scheduled delivery?: \$ _____ Overnight delivery?: \$ _____

Are there any constraints related to shipping that we should know about?: _____