



# CUSTOMER INFORMATION & APPLICATION FOR CREDIT

I am interested in purchasing:  Corian®  Zodiaq®  Blanco®

Order Pending

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

Business Name: \_\_\_\_\_

Credit Line Requested: \$ \_\_\_\_\_

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

Bill to Address: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date Business was Established: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_

Tax Exempt?  Yes  No

Payables Contact: \_\_\_\_\_

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

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

Job Number Request?  Yes  No

P.O. Number Request?  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:** 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 of Net 30 days from date of Hallmark invoice/s.
  
- 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

<b>For Internal Use Only</b>
Sent by: _____
Sponsored by: _____
Date: _____
Product: _____
Customer Type: _____



A Different Brand of Supplier.

# SURFACES NEW CUSTOMER PROFILE FORM

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?: \_\_\_\_\_