

Credit Application

Company Name: _____
dba: _____
Telephone: _____
Billing Address: _____
City: _____ **State:** _____ **Zip:** _____
Email Address: _____
Location Address: _____
City: _____ **State:** _____ **Zip:** _____
Type of Business: _____ **Date Established:** _____
Type of Entry: **Proprietorship** **Partnership** **Other**
 Incorporated **State:** _____ **Year Inc.:** _____

Key Management Names	Titles	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accounting Information **Telephone #** _____ **Fax #** _____

Accounts Payable Contact: _____
Controller: _____
Dunn & Bradstreet No.: _____

Credit Line Requested: _____
Estimated Monthly Purchase: _____

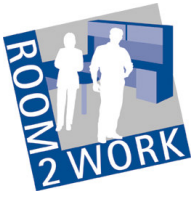
R2W Sales Representative: _____
Regional Manager Approval: _____

NOTE: If you are tax exempt, please include a copy of your resale tax exemption certificate for all states where we will be shipping for your company.

ROOM2WORK USE ONLY

Credit limit _____

Credit Terms _____



Credit Application

Bank Reference

Bank Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Account Number: _____
Contact: _____
Phone Number: _____
Fax Number: _____

Trade References

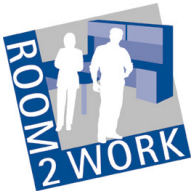
List four trade references, addresses, contacts, phone and fax numbers:

Company: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Contact: _____
Phone Number: _____
Fax Number: _____

Company: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Contact: _____
Phone Number: _____
Fax Number: _____

Company: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Contact: _____
Phone Number: _____
Fax Number: _____

Company: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Contact: _____
Phone Number: _____
Fax Number: _____



Room2work Dealer Profile

General

Email: _____

Web site: _____

Branch / Multiple Locations: Yes / No

Address: _____

Telephone: _____

**No. of
Employees:** _____

Sales Force

Sales Manager

Name	Email	Mobile No.
------	-------	------------

Sales Personnel

Name	Email	Mobile No.
------	-------	------------

Name	Email	Mobile No.
------	-------	------------

Name	Email	Mobile No.
------	-------	------------

Dealer Summary

**Total Sales
Personnel:** _____

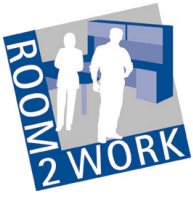
**Total Sales
Support:** _____

Total Designers: _____

Installation: Yes / No

Warehouse: Yes / No

Geography Territory covered: _____



Furniture Lines Represented: _____

Discounts:

_____	_____	_____
Furniture	Cubes	Stacking Cubes

SeatTable		

Accounts Payable Contact*

_____	_____	_____
Name	Email	Fax

Order Acknowledgements contact*

_____	_____	_____
Name	Email	Fax

* Room2work submits invoices / acknowledgements via email / fax only



UNIFORM SALES & TAX CERTIFICATE – MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: ROOM2WORK, INC

I certify that:

Name of Firm (Buyer): _____ Wholesaler _____

Retailer _____

Address: _____ Manufacturer _____

_____ Other (Specify) _____

Telephone #: _____ Fax #: _____

And is registered with the below listed states and cities within which your firm would deliver purchases to us and the any such purchases are for wholesale, resale, ingredients, or components of new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business (Product): _____

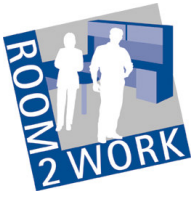
State	State Registration, Seller's Permit, Or ID Number of Purchaser	State	State Registration, Seller's Permit, Or ID Number of Purchaser
AL	_____	MS	_____
AR	_____	NC	_____
AZ	_____	ND	_____
CA	_____	NE	_____
CO	_____	NJ	_____
CT	_____	NM	_____
DC	_____	NV	_____
FL	_____	NY	_____
GA	_____	OH	_____
HI	_____	OK	_____
IA	_____	PA	_____
ID	_____	RI	_____
IL	_____	SC	_____
IN	_____	SD	_____
KS	_____	TN	_____
KY	_____	TX	_____
LA	_____	UT	_____
MA	_____	VA	_____
MD	_____	VT	_____
ME	_____	WA	_____
MI	_____	WI	_____
MN	_____	WV	_____
MO	_____	WY	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state. Under penalties of perjury, I swear or affirm that the information of this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner, or Corporate Officer)

Title: _____

Date: _____



Room2Work Credit Application

The information provided to you on this credit application is for the purpose of either opening an account, updating our account and/or extending credit to our company based upon your payment terms of net 30 days or as agreed in writing. We authorize our bank and trade references to furnish you any information necessary to complete your review and evaluation of our credit history. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decisions.

Signature: _____ Company: _____
 Authorized signature Title: _____
Date: _____

Signature: _____ Company: _____
 Authorized signature Title: _____
Date: _____