

NEW CUSTOMER APPLICATION FORM

Please email your completed application and applicable documents to office@pioneercabinet.com for submission, we will process your application within 48 hours.

Type of Business (check below):

Corporation Individual Partnership LLC State of Business

EIN Number: Date:

Business Name:

Address:
(Street) (PO Box) (City) (State) (Zip Code)

Please attach a valid copy of your photo ID with the application form as proof of identity.

List Below the Following: Corporate Officers, Individual Owner, or Partners

| | Contact #1: | Contact #2: |
|----------------|----------------------|----------------------|
| Name: | <input type="text"/> | <input type="text"/> |
| Title: | <input type="text"/> | <input type="text"/> |
| Cell Phone #: | <input type="text"/> | <input type="text"/> |
| Email Address: | <input type="text"/> | <input type="text"/> |

Business Phone Number: Fax:

Business Email Address:

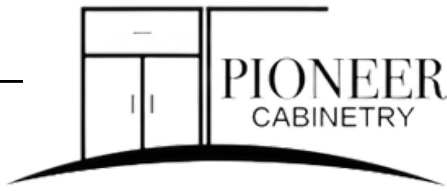
Contractor's License Number (if applicable):

Person(s) Authorized to Purchase:

Are you a Defendant in any Lawsuits or Legal Action? Yes No

If Yes, Please Explain:

Application Continued on Page 2



NEW CUSTOMER APPLICATION FORM

Please email your completed application and applicable documents to office@pioneercabinet.com for submission, we will process your application within 48 hours.

Have you been Declared Bankrupt in the Last 5 Years? Yes No

If Yes, Please Explain:

Is your Business Tax Exempt? Yes No

**IF YES, PLEASE ATTACH A VALID COPY OF YOUR EXEMPTION CERTIFICATE FOR PROOF OF EXEMPTION.
Please note that all applicable taxes will be charged on orders until a valid copy of the certificate has been recieved by the Accounting department.**

Does your Business have a Storefront? Yes No

If Yes, How Many Square Feet? Year Business Established:

Type of Business (ex. retail, builders, contractor/remodel, etc.)

List of CABINET Trade References:

| | Business Name: | Phone Number: | Account Number: |
|---------------|----------------------|----------------------|----------------------|
| Reference #1: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Reference #2: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Reference #3: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Reference #4: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

All information provided will be held in strict confidence. All rights reserved to Pioneer Cabinetry.
Please call or email us for more information.
Phone Number: (206) 337-6886
Email Address: office@pioneercabinet.com
Address: 6835 S 212th St, Kent, WA 98032