

New Customer Application Form



Please email your application to info@pioneercabinet.com, we will process your application within 48 Hours

Date _____ EIN Number _____

Business Name _____

Address _____

(Street) (PO Box) (City) (State) (Zip)

PLEASE ATTACHED YOUR PHOTO ID with the Application Form

List Below the Following: Corporate Officers, Individual Owner* or Partner*

Name:		
Title:		
Cell Phone #:		
Email Address:		

Business Phone number: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____ Contractor License Number _____

Person Authorized to purchase _____

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

If yes, Please explain _____

Have you been declared bankrupt in the last 5 years? Yes No

If yes, Please explain _____

Are You Tax Exempt? Yes No If Yes **PLEASE ATTACH A COPY OF YOUR EXEMPTION CERTIFICATE**

Applicable taxes will be charged until certificated is received by the accounting department

Having a storefront? Yes No If Yes, how many square feet? _____

Type of Business _____ Year of Business Established _____

List of **Cabinet** Trade references:

	NAME	TELEPHONE #	ACCOUNT #
1			
2			
3			

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Email: info@pioneercabinet.com Phone number: 206-337-6886

Address: 6835 S 212th St, Kent, WA 98032