



Carolina Furniture Works, Inc.
P. O. Drawer 1120 - Sumter, S. C. 29151-1120
TX: 803-775-6381 FX: 803-775-0251

(Account Application)

Company Name: _____

Type of Business: (Retail, Wholesale, Distributor, E-Commerce, Commercial/Healthcare/Contract/other) Explain if necessary:

Mailing Address: (Street or P. O. Box) _____

City: _____ **State:** _____ **Zip:** _____

Shipping Address: (Street, etc.) _____

City: _____ **State:** _____ **Zip:** _____

Office Telephone: (_____) - _____ **Fax: Telephone:** (_____) - _____

E-Mail Address: _____

Web Site: _____

Buyer's Name: _____ **(Title)** _____

Requested Freight Carrier: _____
(Note: Carolina does not assign freight carriers or accept responsibility for freight rates)
Freight Carrier Telephone: (_____) - _____ **(Or telephone for pick up notification)**

Vendor, Operating license No, or Certificate of Authority: _____

**** Note CFW, Inc. does not collect taxes outside of South Carolina. Commercial Applicants must provide an additional Tax Liability form in order to transact business with CFW, Inc.**

Reference: (Name of business) _____

Contact information: _____

Reference: (Name of business) _____

Contact information: _____

Reference: (Name of business) _____

Contact information: _____

Submitted by: _____ **(Title)** _____

Signature: _____ **Date: (M/D/Y)** _____

Authorization is hereby given to contact all references listed to obtain normal credit information, which may include personal credit bureau reports in the case of proprietorship/partnerships. By signature affixed here, I (we) certify that the above information is true and correct. And I accept all policies set forth for Authorized Carolina Dealers & Associates. **Account Application 07/25/12*