



NEW CUSTOMER INFORMATION SHEET

** Please include a copy of your State Resale License.*

Business Name: _____

DBA: _____

Business Type: Corporation | Partnership | Proprietorship

Phone: _____

Number of Stores: _____

Fax: _____

Date Established: _____

Website: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Ship to same as Mailing Address

Ship to Address: _____

City: _____ State: _____ Zip: _____

Please select one or more methods of payment you would like to be setup for.

PAY BY CHECK

Please have your bank send us a letter via mail, email, or fax stating your account has been open for at least two years with no non-sufficient fund checks.

PAY BY ACH

Also known as "direct payments," ACH payments are quick and easy and only require initial setup with your banking information.

COMPLETE ACH FORM

PAY BY CARD

Pay with any major credit card including Visa, Mastercard, American Express, or Discover.

3% FEE

PAY BY FACTOR

Pay via credit line with our factor. Additional credit line application must be filled and completed.

COMPLETE SNB FORM

Sales Flyer Opt Out - Check this box if you ***do not*** wish to receive our promotional email flyer.

Title: _____

Date: _____

Name: _____

Signature: _____

E-595E Streamlined Sales and Use Tax Agreement Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1** Check if you are attaching the Multistate Supplemental form.
 NC If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- 2** Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3 Please print

Name of purchaser _____

Business address _____ City _____ State _____ Zip code _____

Purchaser's tax ID number _____ State of issue _____ Country of issue _____

If no tax ID number, enter one of the following:	FEIN	Driver's license number/State issued ID number state of issue number	Foreign diplomat number

Name of seller from whom you are purchasing, leasing, or renting

PIEDMONT FURNITURE INDUSTRIES INC. / CTC FURNITURE INC.

Seller's address _____ City _____ State _____ Zip code _____
 1603 LEONARD ST. _____ RAMSEUR _____ NC _____ 27316

4 Type of business. Check the number that describes your business.

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing, and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (explain) _____ |

5 Reason for exemption. Check the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State _____ government (name) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct mail # _____ |
| <input type="checkbox"/> E _____ | <input type="checkbox"/> L Other (explain) _____ |
| <input type="checkbox"/> F _____ | _____ |
| <input type="checkbox"/> G Resale # _____ | _____ |

6 Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____

Phone number _____ E-mail address _____



WebsterBank

Our client, your vendor, has submitted new order(s) for our credit approval. In this regard, please complete the following:

COMPANY NAME _____
TRADE/DBA NAME _____
ADDRESS _____
TELEPHONE# _____ **FAX#** _____
E-MAIL ADDRESS _____
CONTACT PERSON _____
BUSINESS START DATE _____ **DUNS#** _____
AFFILIATES _____
OFFICERS / PRINCIPALS/PARTNERS _____

FINANCIAL STATEMENTS / PLEASE FURNISH COPY

FISCAL CLOSING DATE _____
YEAR END SALES _____
INTERIM SALES _____ **# OF MONTHS** _____
PROJECTED YEAR END SALES _____

BANKING INFORMATION

NAME OF BANK _____
ADDRESS _____
ACCOUNT NUMBER _____
ACCOUNT OFFICER _____
TELEPHONE _____ **FAX#** _____
BORROWING - LINE OF CREDIT _____ **AMT OWING** _____
TERM LOAN _____ **AMT OWING** _____

LOCATIONS / LEASES

NUMBER OF STORES _____ **LEASE** _____ **OWN** _____

TRADE SUPPLIERS / FACTORS

PLEASE PROVIDE ADDRESS / TELEPHONE NUMBERS

- 1) _____
- 2) _____
- 3) _____

I represent that the above information is true and is given to induce Webster Bank to extend credit to the applicant. My company and I authorize Webster Bank to make such credit investigation as Webster Bank sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Webster Bank and all information concerning the financial and credit history of my company and myself.

PERSONAL GUARANTEE: BY MY SIGNATURE BELOW, I HAVE ACCEPTED PERSONAL LIABILITY FOR ALL AMOUNTS DUE WEBSTER BANK AND PROMISE TO MAKE PAYMENTS WITHIN STATED INVOICE TERMS..

I have read the terms and conditions stated above and agree to all these terms and conditions.

Authorized Signature: _____ **Date:** _____
Printed Name: _____
Title: _____



WEBSTER BANK

Date: _____

Company Name: _____

Address: _____

Bank Name: _____

Bank Address: _____

Bank Phone: _____

Bank Fax: _____

Your bank requires your signed authorization to release any information. Kindly sign below and provide your account number. Thank you for your cooperation in this matter.

I hereby authorize you to release information regarding my account/accounts.

Signature

Name

Account Number's

Return to:
Craig Galletto
Manager of Credit
Webster Bank
Commercial Services
360 Lexington Ave
New York, NY 10017
Tel: 212 575-5794
Fax 212 869-5523
cgalletto@websterbank.com

AUTHORIZATION for DRAFT (ACH DEBIT)

I (we) hereby authorize _____ hereinafter called "COMPANY", to initiate electronic debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION". I (we) acknowledge that I (we) am an authorized signor or have authority to act on the account and that ACH transactions I (we) authorize to my (our) account must comply with all applicable law.

Financial Institution Branch

Address

City State Zip

Routing Number Account Number

Type of Account: Checking or Savings Business or Personal

Amount (or how amount is determined): _____

Frequency (Weekly, Monthly etc.): _____ State Date (If recurring): _____

Date of Debit(s): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the NA CHA Operating Rules, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the Rules state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until Company has [received written notification from me (or either of us) or describe your process for revocation of the authorization] of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name

Signature

Date

Note: If you have chosen to have your ACH Debit drafted from your checking account, please attach a voided check.