



WELCOME!

NEWTON-COLEY, LLC. Is excited to begin a Partnership with you! To ensure we have all the necessary information to offer our best services to you, Please take a few moments to fill out the information below, and follow the New Account Set Up Procedure.

Mailing Address: *NEW
Newton-Coley, LLC
PO Box 76
Conover, NC. 28613

Physical Address:
Newton-Coley, LLC
901B N. Ashe Ave.
Newton, NC. 28658

NEW ACCOUNT SETUP PROCEDURES:

- ◇ Complete the New Customer Application Form
 - ◇ **MUST INCLUDE RESALE CERTIFICATE
- ◇ Email Completed Form to Your Assigned Newton-Coley Sales Representative OR Your Customer Service Representative
OR
- ◇ Mail Completed Form to:

NEWTON-COLEY, LLC.
P.O. BOX 76
Conover, NC. 28613

****Note New Mailing Address****

- ◇ Newton-Coley will require a 50% Down Payment to process & Schedule your order. The 50% Balance will be due when you have been notified of order shipment. (Unless other Terms were approved prior).
- ◇ We reserve the right to assign invoices to Commercial Services.
- ◇ Currently, there is **no minimum order requirement** to open a Newton-Coley account.

SUBMITTING YOUR FORM

- ◇ If you have any questions on how to complete the form, Please contact your Sales Representative for guidance.

We would like to take this opportunity to Thank You for your Interest in our Product!

We look forward to Helping you Create That Perfect Comfort Zone!



NEW CUSTOMER APPLICATION FORM

CHECK ALL THAT APPLY BELOW

Retail Store

DESIGNER

CUSTOMER INFORMATION			
Company Name:			
Contact Name:			
Email:		Phone:	
Mobile:		Fax:	

CUSTOMER BILLING INFORMATION			
Company Name:			
Address:			
City:		State:	Zip Code

CUSTOMER SHIPPING INFORMATION			
Company Name:			
Address:			
City:		State:	Zip Code
Preferred Shipper:		Phone:	
Preferred Shipper Address			
Preferred Shipper Contact			

Please note that Newton-Coley, LLC does not select a Carrier. Customer must supply

CUSTOMER BUYER INFORMATION			
Contact Name:			
Email:		Phone:	
Mobile:		Fax:	

CUSTOMER WAREHOUSE/RECEIVING INFORMATION			
Contact Name:			
Email:		Phone:	
Mobile:		Fax:	

CUSTOMER SERVICE INFORMATION			
Contact Name:			
Email:		Phone:	
Mobile:		Fax:	

NEW CUSTOMER APPLICATION FORM

CREDIT APPLICATION AND AGREEMENT



BUSINESS INFORMATION			
Legal Business Name:			
Doing Business As (DBA):		Years in Business	
Type of Business:	Corporation Partnership	L.L.C. Sole Proprietorship	
Tax I.D. # :			
Owner/Principle Name:			
Accounts Payable Contact Name:			
Accounts Payable Phone:		A/P Fax:	
	A/P Email:		

TRADE REFERENCES			
1	Company Name:		
	Account #		
	Contact:		
	Phone:		Fax:

TRADE REFERENCES			
2	Company Name:		
	Account #		
	Contact:		
	Phone:		Fax:

TRADE REFERENCES			
3	Company Name:		
	Account #		
	Contact:		
	Phone:		Fax:

BANK REFERENCE			
Bank Name:		Officer:	
Branch Name:		Phone:	
Accounts:			

AGREEMENT

The undersigned represents that he or she is an officer or agent of applicant and is duly authorized to act on its behalf. The applicant agrees to the following terms: A 50% Deposit is due prior to Order Processing.

Final Payment is due upon shipment notification of your order.

In the event of unpaid invoices, Newton-Coley, LLC, reserves the right to Factor the account and a fee of 1.5% per month will be added to the unpaid balance. The applicant agrees to pay all cost and reasonable attorney's fees incurred in connection with any collection of past due balances on the account. Newton-Coley, LLC is hereby authorized to investigate the references listed above if deemed necessary.

Authorized Signature:	
Printed Name & Title:	Date: