



WOOD FLOORS

502 N. 37th Dr.. #109, PHOENIX, AZ 85009

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ACCOUNT APPLICATION

BUSINESS TRADE NAME (DBA): _____

BUSINESS (LEGAL) NAME: _____

CORPORATION LLC PARTNERSHIP PROPRIETORSHIP

MAILING ADDRESS: (No PO Boxes) _____

CITY, STATE, ZIP: _____

STORE ADDRESS: (No PO Boxes) _____

CITY, STATE, ZIP: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

ACC. Payable Contact: _____ **E-MAIL:** _____

TAX ID (EIN) No: _____ **ROC LIC. No:** _____ **D& B No:** _____

Name and Title of company officers and persons authorizes to place orders:

Length of time in business at current location: ____ years

Description of business (type of products and services provided, etc.):

I hereby certify that the above information is correct and I authorize QWF to verify the same.

Signature _____ **Name & Title** _____ **Date** _____

Accounts without activity for a year will become inactive

For Official Use Only	
Sales Rep _____	P.T. _____
C.T. _____	