



Wholesale Account Application

Avalon Sales Rep: _____ Date: _____

Name: Sole Proprietorship Partnership

Company Name: Corporation Subsidiary of

Billing Address: _____

City _____ State _____ Zip _____

Shipping Address: Same as above

e-mail address: _____ Do you have a website? Website address:

Phone # () _____ Fax # () _____

Contact Person(s): _____

Accounts Payable: _____

Business Hours: _____ Do you have a Showroom? _____

Year Established: _____

Formerly doing business as: (if applicable) _____

County: _____ Tax %: _____ Resale # _____

Avalon is required to charge sales tax. We can provide a letter of explanation upon request.

Avalon Shutters does not extend credit for orders.

50% Deposit required and Balance of Invoice due prior to Installation.

Request for Trade References

1. Business Name: _____ Acct. # _____

Address: _____ Phone #: _____ Fax #: _____

City _____ State _____ Zip _____

2. Business Name: _____ Acct. # _____

Address: _____ Phone #: _____ Fax #: _____

City _____ State _____ Zip _____

3. Business Name: _____ Acct. # _____

Address: _____ Phone #: _____ Fax #: _____

City _____ State _____ Zip _____

Bank References: _____ Account # : _____

COMMENTS: _____

Signature: _____ **Date:** _____

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