



THE COMPLEAT SCULPTOR

90 Vandam Street, New York, NY, 10013
TCS@SCULPT.com • www.SCULPT.com

TCS Account Application

We thank you for your interest in opening an account with The Compleat Sculptor, Inc. In order to process your request promptly, please fill out the following information in full and fax to (212) 243-2273. If you have any questions don't hesitate to call 212-243-6074 ext.101 or email Accounting@SCULPT.com. We look forward to doing business with you.

Date _____ SS# _____ Tax ID# _____

Name of Account: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Work _____ Home _____ Fax _____

E-mail _____

Check One: Individual Partnership Corporation LLP School

If Corporation or LLP, State of Registration _____

If Corp. or LLP, your name and title _____

Credit References (Please provide fax numbers)

Bank: _____ **Account #:** _____ **Name of Account** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Trade Reference (1) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Trade Reference (2) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Trade Reference (3) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

To receive tax-exempt status, please submit proper documentation along with this application.

If you are uncertain as to the necessary documentation, please call 212-367-7561.

Account Terms: All account balances are payable 30 days from invoice date. Accounts not paid by due date accrue a finance charge of 1.5% monthly on overdue amounts. Accounts more than 90 days overdue will be subject to collection. In the event that collection procedures become necessary, account holder will be responsible for all collection costs incurred by The Compleat Sculptor, Inc., including legal fees and court costs, if necessary.

I have read this application, and everything I have stated on it is true. I authorize The Compleat Sculptor, Inc. to check my credit rating with the above named references, as well as with major credit reporting agencies. I agree that all necessary bank, or other, fees required by my references needed to process my account request are my responsibility.

→ **Signature** _____

Print Name & Title _____

For TCS Use Only

Credit Request: Faxed Mailed

Credit Request Received Approved/Denied Letter Sent Folder Created Entered in POS

Account Opened: Date: ____ / ____ / ____ Amount: \$ _____ Initials: _____