

Prospective Client Application • Complete & Sign



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www.robertkaufman.com

Date _____

Sales Rep _____

Company Name _____ Account No. _____

DBA _____

Billing Address _____

City, State, Zip (Country) _____

Phone _____ Fax _____ Email _____

Web Address/URL _____

Owner/Partner/Officer _____ Buyer/Purchasing Mgr _____

Manager _____ Accts Payable Contact _____

Ship To (Company Name) _____

Shipping Address _____

City, State _____ Contact _____

Zip, Country _____ Phone _____

Check One: [] Corporation [] LLC [] Sole Proprietor [] Partnership Month & Year Established _____

D & B Listing _____ Federal EIN # _____

State Sales Tax / Resale No. _____ County & State _____

Desired Terms of Payment (Circle One) N60 / CREDIT CARD / CBD

CC Acct # _____ Exp. Date _____ 3 digit verification code _____

List three (3) suppliers whom we may contact to verify activity and for credit purposes

Table with 3 columns: Name, City, State, Phone. Three rows for supplier information.

Business Bank (Name, City & State) _____ Account # _____

Describe Your Business (Circle One) Manufacturer / Internet Manufacturer / Internet Retail / Retail / Quilt / Distributor / Other

Manufacturing Clients - Please briefly describe your product _____

The following is made in lieu of all warranties, express or implied: Robert Kaufman Fabrics, Inc.'s only obligation shall be to replace such quantity of the product proved to be defective. The seller shall not be liable for any injury, loss, or damage, direct or consequential, arising out of the use or inability to use the product. User assumes all risk, responsibility and liability for use of the product.

SIGNED BY: _____ TITLE _____ DATE _____