

NEW CUSTOMER APPLICATION FORM

Please email your completed application and applicable documents to info@pioneercabinet.com for submission, we will process your application within 48 hours.

Type of Business (check belo	ow):						
C	orporation	Individual	Pa	rtnership	LLC	С	State	of Business
EIN Number:				I	Date:			
Business Name:								
Address:								
	(Street)	((PO Box)	(0	City)		(State)	(Zip Code)
Please a	attach a v	alid copy of yo	ur photo ID w	ith the ap	oplicatio	n form	as proof of	identity.
List Below the Following: Corporate Officers, Individual Owner, or Partners								
	Contact #	±1:			Contact	#2:		
Name:								
Title:								
Cell Phone #:								
Email Address:								
Business Phone N	lumber:				Fax:			
Business Email Ad	ddress:							
Contractor's Licen	se Numbe	r (if applicable):						
Person(s) Authoriz	zed to Pure	chase:						
Are you a Defendant in any Lawsuits or Legal Action? Yes No								
If Yes, Please Exp	olain:							



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Have you been D	eclared Bankrupt in the Last 5 Yea	ars? Yes No	
If Yes, Please Ex	plain:		
Is your Business	Tax Exempt? Yes No		
•	that all applicable taxes will be	OUR EXEMPTION CERTIFICATE FOR charged on orders until a valid copy the Accounting department.	
Does your Busine	ss have a Storefront? Yes	No	
If Yes, How Many	Square Feet?	Year Business Established:	
Type of Business	(ex. retail, builders, contractor/rem	nodel, etc.)	
List of CABINET	Trade References:		
	Business Name:	Phone Number:	Account Number:
Reference #1:			
Reference #2:			
Reference #3:			
Reference #4:			

All information provided will be held in strict confidence. All rights reserved to Pioneer Cabinetry.

Please call or email us for more information. Phone Number: (206) 337-6886

Email Address: info@pioneercabinet.com Address: 6835 S 212th St, Kent, WA 98032