



Casana Furniture Company, Inc.
630 Kernaghan Avenue
Winnipeg, Manitoba
Canada R2C 5G1
Toll-free Fax: 1-866-218-2868

Casana™ Furniture Company, Inc. Sales Representative (Name and Territory)

APPLICANT

Legal Name of Business _____
 Proprietorship Partnership Limited Liability Partnership Corporation Limited Liability Company

Trading Name _____
Account Name to Use on Shipping Labels, Purchase Orders, Etc. (check one box) Legal Name of Business Trading Name

Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____ Email _____
Date of Business Registration/Incorporation _____ State of Incorporation _____
Annual Sales _____ Estimated Annual Purchases from Casana™ _____ Dun & Bradstreet Number _____
Federal ID Tax Number _____ Copy of State Resale Tax Certificate (Required) Attached

BANKING INFORMATION

Name of Bank _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Bank Account Number _____
Phone () _____ Fax () _____

THREE TRADE REFERENCES

1) Name _____
Account Number _____ Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____

2) Name _____
Account Number _____ Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____

3) Name _____
Account Number _____ Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____

COMPANY CONTACT INFORMATION

1) **Name of Owner in Full** _____ Title _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone () _____ Fax () _____ Email _____

2) **Name of Owner in Full** _____ Title _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone () _____ Fax () _____ Email _____

3) **Accounts Payable Contact** _____
Phone () _____ Fax () _____ Email _____

4) **Merchandise Manager** _____
Phone () _____ Fax () _____ Email _____

5) **Buyer(s) – include category**

a) _____ Category _____
Phone () _____ Fax () _____ Email _____

b) _____ Category _____
Phone () _____ Fax () _____ Email _____

c) _____ Category _____
Phone () _____ Fax () _____ Email _____

6) **Warehouse Receiving Manager** _____
Phone () _____ Fax () _____ Email _____

SHIPPING INFORMATION

From Canada (check one box) Ship Direct to Store Ship to Metro DC for Pick Up Pick Up/Collect From Factory

Primary Ship To Address _____
Name of Location _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____ Email _____

List Others and Attach to Document _____
Special Instructions _____

Freight Forwarder _____ Contract _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____ Email _____

Requires Casana™ to be importer of record Yes No

Broker _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____ Email _____

Set up on connect.casanafurniture.com for Internet order status and marketing information Yes No

SHIPPING INFORMATION (continued)**Consignee**

Address _____

City _____ State _____ Zip Code _____

Phone () Fax () Email _____

Notifying Party #1

Address _____

City _____ State _____ Zip Code _____

Phone () Fax () Email _____

Notifying Party #2

Address _____

City _____ State _____ Zip Code _____

Phone () Fax () Email _____

Contact Person

Address _____

City _____ State _____ Zip Code _____

Phone () Fax () Email _____

Require electronic open order reportsYes No **CUSTOMER SERVICE INFORMATION (TO BE COMPLETED BY THE SALES REPRESENTATIVE)**

Primary Price Book _____

Primary Freight Rate _____

Special Information _____

TERMS AND CONDITIONS FOR APPLICATION OF CREDIT WITH CASANA™ FURNITURE COMPANY

1. Except as otherwise set forth in this Application, the invoices of Casana™ Furniture Company shall control the terms of the sale and such terms cannot be altered unless Casana™ Furniture Company shall have agreed to same in writing. No waiver of any terms as herein provided shall constitute a waiver of this Application.
2. In the event the undersigned shall fail to pay any obligation owing to Casana™ Furniture Company when due, Casana™ Furniture Company may declare all outstanding invoices of the undersigned immediately due and payable and Casana™ Furniture Company may cancel all agreements between the undersigned and Casana™ Furniture Company. The undersigned shall remain liable for all of Casana™ Furniture Company damages, and Casana™ Furniture Company may sell off for the account of the undersigned, at public or private sale, any or all undelivered goods. The undersigned shall remain liable for the expenses of such sale and any deficiency in the price received by Casana™ Furniture Company as compared with the price set forth in the agreements between the undersigned and Casana™ Furniture Company.
3. Any rebate, refund, or other indebtedness owed by Casana™ Furniture Company may be setoff and applied by Casana™ Furniture Company against any indebtedness or liability owed by the undersigned to Casana™ Furniture Company at any time and without notice to the undersigned.
4. Any property of or held for the undersigned company affiliated with Casana™ Furniture Company, including but not limited to merchandise billed and held whether paid for or not, shall be deemed security for the undersigned's obligations to Casana™ Furniture Company. In the event the undersigned or any company affiliated with the undersigned shall be in default of any of its obligations to Casana™ Furniture Company, said property may be sold at a public or private sale, and the undersigned shall remain liable for the expenses of such sale and any deficiency in the price received by Casana™ Furniture Company as compared with the price set forth in Casana™ Furniture Company agreements with the undersigned.
5. Claims and Returns: No deductions may be taken by the undersigned and no debit memoranda will be issued by the undersigned without the prior written approval of Casana™ Furniture Company and all returns permissible under any agreement between the undersigned and Casana™ Furniture Company may be subject to a restocking charge. Debit memorandums will only be honored within six months of the date of the original invoice.
6. The undersigned authorizes the release of all information, now and in the future, needed to verify the contents of this Application to approve or renew credit privileges, including but not limited to contacting third parties concerning the credit worthiness of the undersigned. The undersigned agrees that Casana™ Furniture Company may rely entirely on the information provided herein in extending the credit requested by the undersigned and that Casana™ Furniture Company is under no duty to secure or investigate credit reports, trade references, or bank references.
7. The undersigned agrees to promptly notify Casana™ Furniture Company of any material change in the information contained in this Application.
8. The undersigned shall pay interest at the rate of 1.5% per month, or such lower rate as may be the maximum allowable interest under applicable state law, on all unpaid invoices on the last day of each month after such invoices come due.
9. A fee of \$35.00, which may be changed from time to time, will be charged for all dishonored checks.
10. The undersigned agrees to be responsible to reimburse Casana™ Furniture Company for any legal or collection costs incurred by Casana™ Furniture Company in the collection of this account.

11. This Application and all other agreements between Casana™ Furniture Company and the undersigned shall be governed by the internal laws of the State of Delaware, notwithstanding the principles of conflicts of law.

12. The undersigned is an authorized signature of the applicant, and has the authority to bind the applicant to the terms and conditions outlined in this agreement.

13. The undersigned declares that the information provided in this Application is accurate.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS, IN GOOD FAITH, EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION.

Applicant (Legal Name of Business)

Authorized Signature

Title

Printed Name

Date

Additional information may be provided on the reverse side of this form.