



Business Information	
Legal Business Name	<input type="text"/>
DBA Name	<input type="text"/>

Address:				
	Street	City	ST	ZIP
Physical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Industries Your Company Serves	
Hospitality	<input type="text"/>
Moving	<input type="text"/>
Retail	<input type="text"/>
Manufacturing	<input type="text"/>
Other	<input type="text"/>

Company Type	
Sole Proprietorship	<input type="text"/>
Limited Liability Corporation	<input type="text"/>
-State incorporated	<input type="text"/>

Years at current address	<input type="text"/>
Years in Business	<input type="text"/>
Total # of employees	<input type="text"/>

Estimated	2005	2006
Total Repair Volume	<input type="text"/>	<input type="text"/>
To Be Sent to Furniture Medic	<input type="text"/>	<input type="text"/>

BUSINESS OWNERSHIP		
Name	Title	Years involved in business
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNTS PAYABLE			
Name	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Federal ID #	<input type="text"/>	D&B #	<input type="text"/>
How do you plan to pay your invoices?		<input type="text"/>	

TRADE REFERENCES	
Name	Contact Person - Phone
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

As an inducement to grant credit, the undersigned warrants the information submitted is true and correct. You are authorized to investigate the trade references listed.

X _____
 (Name) (Title) (Date)



QUESTIONNAIRE

1. What services/goods does your company provide?

2. Describe your furniture repair needs:

3. What type of repairs: (wood, leather, upholstery, electrical, mechanism, etc)

4. How have you handled these problems in the past?

5. Have you used any other National Furniture Repair companies in the past?

6. Why did that program not work?

WEB-ACCESS USER INFORMATION

(Please give information about customer service representatives with Internet access.)

Full Name	Email Address	Furniture Medic will assign:	
		User Name	Password
Phone: Fax:			
Phone: Fax:			
Phone: Fax:			

PLEASE RETURN APPLICATION TO:

Fax: 901.597.7251

Contact Info:

**Amber Williamson
National Account Coordinator
Ph: 800.408.7378
awilliamson@furnituremedic.com**