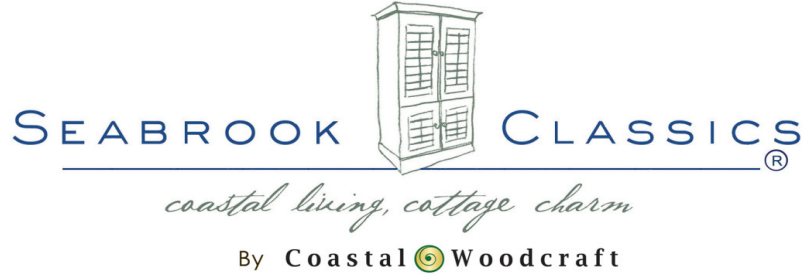


NEW ACCOUNT SET UP and CATALOG REQUEST FORM



Stocking Dealer Application (subject to approval) **Wholesale Dealer Application**

Mailing Address

Physical Address

Email and Phone Contacts

Please use for all mail correspondence

Please use for all shipping

Info@seabrookclassics.com

POB 20
Sheldon, SC 29941

24 Firestation Lane
Sheldon, SC 29941

843.466.0241 Office
843.466.0288 Fax

Find us on the web at:

www.SeabrookClassics.com
www.CoastalWoodcraft.com
Visit our Facebook Page

How did you hear about us? Atlanta Market High Point Market Referral _____
Magazine (which one?) _____ Website (which one?) _____ Other: _____

PLEASE INCLUDE A COPY OF YOUR RESALE LICENSE WITH THIS FORM

Company Name: _____ (include DBA)

Contact Name: _____

Billing Address: _____

Shipping Address (if different): _____

Phone: _____ Fax: _____

Email: _____

Website: _____

BUSINESS TYPE: Furniture Store Designer Showroom Interior Designer Other _____

Once we receive your completed form with Resale License we will fax you our Dealer Log-In information so you access our Dealer website for the most recent updates and prices.

If you wish to purchase catalogs, finish sample rings, or sample boards, please complete below:

Catalog \$25 Finish Sample Ring \$25 Stain Sample Ring \$10 Color Sample Board \$75

We accept Visa, MasterCard and Check. If paying by check please send to the above address.

CREDIT CARD NUMBER: _____ Exp. Date: _____

CODE: _____ (The last 3 digits in the Signature line on the back of the card)

BILLING ADDRESS FOR THIS CARD:

Street # or P O Box # _____ Zip Code: _____

Total amount to be billed: _____

Approval Signature: _____ Date: _____