

Thank you for your recent inquiry to become a partner with Automated Motorized Shades®. We look forward to doing business with you and for the opportunity to provide you with the finest selection of quality products.

In order to establish your account, please complete the Pre-Paid/COD New Account Application:

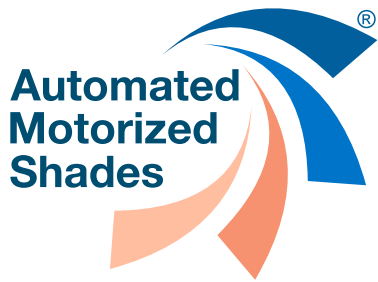
Once completed please submit via fax, email or mail to Automated Motorized Shades®:

Fax: (954) 974-0529
Email: accounting@automatedmotorizedshades.com
Mail: Automated Motorized Shades
Attn: Account Maintenance
3117 NW 25 Avenue
Pompano Beach, FL 33069

Once we have reviewed and confirmed your application, a member of our sales team will contact you to assist in placing your initial order. During the account set up process, please review the Terms and Conditions of Sale.

We welcome you to contact our Customer Service Department at (954) 974-0525 should you have questions or require additional assistance.

Sincerely,
Automated Motorized Shades



Pre-Paid/COD New Account Application

What markets do you service?

RETAILERS

- _____ % Soft Window Covering Retailer: An individual or company that supplies drapery workroom products to the end user. (i.e., roller shades, stationary shades, motorized shades, Logo Shades™ and other Automated Motorized Shades® type products)
- _____ % Hard Window Covering Retailer: An individual or company that supplies hard window coverings to the end user. (i.e., mini-blinds, vertical blinds, pleated shades)
- _____ % Other Retailer: An individual or company that may sell window coverings to the end user, but whose primary product is something other than window coverings.
- _____ % Designer: An interior designer that supplies window coverings to the end user.

WHOLESALERS

- Workroom: A business that fabricates shades and other soft window coverings from its customers' fabrics. (Workroom customers are generally retailers and trade sellers)
- Manufacturer: A business that manufactures window coverings from its own inventory of materials, for sale to trade resellers and retailers.
- Dealer: A person who purchases window coverings from a workroom or a manufacturer for resale to designers, who then resales them to the end user.
- Fabricator: A business that fabricates hard window coverings for sale to individuals and companies that resupplies them to the end user.

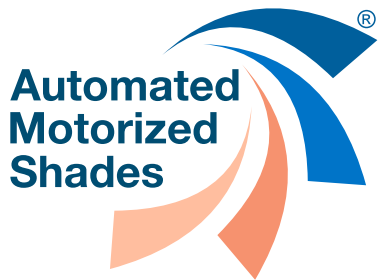
COMMERCIAL CONTRACTORS

- Hospitality Contractor: A contractor that services primarily hotels, schools, hospitals, etc.
- Contract Reseller: A contractor who supplies window-covering to general contractors, and end users.
- Retail/Restaurant: A contractor who supplies window-covering to restaurants, retail, malls, etc.

SPECIFIERS

- Architectural Specifier: An architect who specifies the products to be used for projects.
- Designer Specifier: An Interior designer who specifies the products to be used for projects.
- Purchasing Company: A company that purchases interior window coverings for commercial, institutions or hospitality organizations.

OTHER



Pre-Paid/COD New Account Application (cont)

Please Print or Type

ORDERING INFORMATION			
Are written purchase orders required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is merchandise for resale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resale Certificate # (please attach resale certificate):	
Purchasing Agent Contact:	Email:	Telephone:	Fax:
APPLICANT INFORMATION		BILLING ADDRESS (LEAVE BLANK IF SAME)	
Full Legal Name:		Company:	
DBA:		A/P Contract:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Telephone #:	Fax #:	Telephone #:	Fax #:
Attention:		Attention:	
Email:	Website:	Email:	Website:
This company is operated from: <input type="checkbox"/> Residential Unit <input type="checkbox"/> Commercial Unit		This company is: <input type="checkbox"/> Public <input type="checkbox"/> Private	
OWNERS, PARTNERS OR OFFICERS			
Name (First, Middle, Last):	% Ownership:	Title:	
	Telephone #:	Mobile #:	Email:
Name (First, Middle, Last):	% Ownership:	Title:	
	Telephone #:	Mobile #:	Email:
GENERAL INFORMATION			
Company Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S-Corp		Corporation State of:	Federal Tax ID #:
ACCEPTANCE AND APPROVAL			
Signing this agreement indicates your acceptance of the terms and conditions stated. In addition, you authorize Automated Motorized Shades® to make any and all inquiries necessary to process this New Client Application.			
Name of Authorized Rep:	Title:	Date:	Signature:
FOR OFFICE USE ONLY			
Customer Service/Sales Signature:	Date:	Accounting Signature:	Date: