GRANDIOR
KITCHENS . BATHS . CLOSETS

TRADE PARTNER APPLICATION

GENERAL INFORMATION

Company Name: DBA (if applicable): Tax ID #:

Billing Address: City: State: Zip:

Shipping Address: City: State: Zip:

Accounts Payable Contact: Phone: Fax: Email:

BUSINESS OWNER(S), PARTNER(S), OR OFFICER(S)

Name: Title: Email: Phone:

Name: Title: Email: Phone:

TRADE REFERENCES

Name: Account #: Email: Phone:

Name: Account#: Email: Phone:

Name: Account#: Email: Phone:

TRADE PREFERENCES (Check all that apply)

Prefer Grandior to work with a representative from your company or directly with your client?

☐ Work with our company only ☐ Work with our client directly ☐ Job depending

Can pricing be discussed with your client?

☐ Yes ☐ No ☐ Generically (High, Med, Low) ☐ Job depending

Trade Discount to be forwarded to client?

☐ Yes ☐ No ☐ Job depending

Your client to remit payment to Grandior directly or to your company which will remit payment to Grandior?

☐ Client to pay Grandior ☐ Client to pay us/we will pay Grandior ☐ Job depending

Sales and use tax exempt? (not available if client is to pay Grandior directly)

☐ Yes, please send an exemption form ☐ No, we will pay sales tax to Grandior

TERMS & CONDITIONS

Parties agree that all purchases made are subject to the following terms and conditions:

- No payment terms are available at this time. All orders must be paid in full at the time of purchase.
- All cabinets are built to order per purchase order therefore returns or exchanges are not accepted.
- Any shipping damaged or missing items from shipment must be reported to a Grandior representative in writing within 15 days of receipt in order to receive replacement. See individual manufacturer warranties for extended coverage.
- It is understood that in the event of legal action, Cockeysville, MD will be the venue for litigation. Purchaser agrees to waive their right to litigate outside of Cockeysville, MD.
- Purchaser agrees to notify Seller by certified mail of any changes in ownership of the Purchaser and to pay any unpaid invoices at that time.

The undersigned certifies the information provided above is true and correct to the best of their knowledge and hereby authorize Grandior LLC to inquire from all above on their behalf.

(Signature) (Printed Name) (Date)