



[www.zuomod.com](http://www.zuomod.com)

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# New Account Data Sheet / Application for net 30 Form

Please Complete the following information for your account

Bill to:	_____	Ship To:	_____
Address:	_____	Address:	_____
	_____		_____
Tel:	_____	Tel:	_____
Fax:	_____	Fax:	_____
E-mail:	_____	Contact:	_____
Resale #:	_____		

<input type="checkbox"/> Corporation	Executive Name/Title:	_____
<input type="checkbox"/> Partnership	Buyer's Name:	_____
<input type="checkbox"/> Proprietorship	Buyer's Assistant:	_____

Bank \_\_\_\_\_

Name	Street address			
_____	_____			
City	State	Zip	Phone	Fax
_____	_____	_____	_____	_____

Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Vendor Reference # 1: \_\_\_\_\_

Name	Street Address			
_____	_____			
city	state	zip	phone	fax
_____	_____	_____	_____	_____

Vendor Reference # 2: \_\_\_\_\_

Name	Street Address			
_____	_____			
city	state	zip	phone	fax
_____	_____	_____	_____	_____

Vendor Reference # 3: \_\_\_\_\_

Name	Street Address			
_____	_____			
city	state	zip	phone	fax
_____	_____	_____	_____	_____

**DELIVERY INSTRUCTIONS:**

1. Must have appointment \_\_\_\_\_
2. Closed On \_\_\_\_\_
3. Receiving Hours \_\_\_\_\_
4. Can we deliver after hours \_\_\_\_\_

In the Event your account becomes delinquent you are responsible for all legal and collection fees.

Contact Name / phone number \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_