



**Creative Treatments Inc.**  
 PO Box 106, Worton Maryland, 21678  
**Phone:** 410-348-9994 **Fax:** 410-348-9995  
**Email:** donna@creativetreatmentsllc.com  
**Website:** www.creativetreatments.com  
**To The Trade Only**

Date \_\_\_/\_\_\_/\_\_\_ Tax ID or SS # \_\_\_\_\_ Date Established \_\_\_/\_\_\_/\_\_\_ Resale # \_\_\_\_\_  
 Business Type: Interior Design \_\_\_ Show Room \_\_\_ Work Room \_\_\_ Retail Store \_\_\_ Installation \_\_\_ Other \_\_\_  
 Business Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
 Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_

ALL ACCOUNTS MUST MAINTAIN AN ACTIVE CREDIT CARD ON FILE

\_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER \_\_\_ AM/EX NAME ON CARD \_\_\_\_\_  
 ADDRESS FOR CARDHOLDER \_\_\_\_\_  
 CARD # \_\_\_\_\_ REVERSE CID \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Credit card will be charged at invoicing. If you prefer you may pay by check; your account will be on a proforma basis with payment due when order is placed.

I prefer that invoices be forwarded via \_\_\_ Fax \_\_\_ E-Mail or \_\_\_ U.S. Mail Birthday Month \_\_\_ Day \_\_\_

WCAA Member? \_\_\_ Yes \_\_\_ No WCAA membership number \_\_\_\_\_

Referred by: \_\_\_\_\_

All purchases are proforma. ALL ACCOUNTS MUST MAINTAIN AN ACTIVE CREDIT CARD ON FILE. If you prefer to pay by check, payment will be due at presentation of estimate and any addition to estimate and/or additional shipping over and above estimate will be due immediately upon presentation of invoicing. Any monies not paid in accordance with these terms will be subject to a LATE FEE OF 2% PER MONTH (24% PER ANNUM). NO RETURNS WITHOUT PRIOR APPROVAL. RETURN IF AUTHORIZED BY MANUFACTURER. WILL BE SUBJECT TO RESTOCKING FEE.

Purchaser agrees to the above conditions of sale and account terms and in consideration should any indebtedness not be paid in accordance with the terms of this agreement the undersigned agrees personally and for the business, be it a sole proprietorship, corporation or LLC, the undersigned agrees to pay all costs of collection including minimum collection fee of 1/3 balance of account or \$200.00 whichever is greater, whether suit be brought or not, in accordance with the laws and courts of Kent County and the State of Maryland. By signing this agreement I agree to all terms and conditions

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_