

## Contact Information

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## What Products Do You Install?

Automotive Film    Architectural Film    Security Film    Specialty Film    PPF    Vinyl Wrap

Specify Other: \_\_\_\_\_

## Tax Status

Business Name: \_\_\_\_\_

Sales Tax ID Number: \_\_\_\_\_

*NOTE: Dealers in California, Connecticut and Florida: Express needs your Sales Tax ID Number filled in above, and a copy of your current sales tax certificate.*

**After completing this Account Application,  
also complete page 2 of this pdf, Payment  
Authorization before submitting.**

## Credit Card

I elect to pay for my EWF orders with a credit card. For security, you can give your credit card information over the phone with an Express customer service representative or simply provide it at time of your first online order.

## COD Check

I elect to pay for my EWF orders with my checks and understand UPS COD fees will apply per package. I do understand that I must pay for my EWF orders via credit card or money order until my checks have been approved for acceptance. To expedite the process I have completed and signed the authorization and personal guarantee below.

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

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned hereby authorizes the bank listed above to release historical information regarding the account named above for the purpose of having checks accepted as payment for EWF orders. Depending on the bank's cooperation and policies, I understand processing may take 5-10 business days and if the bank doesn't honor a request for account information, EWF will not be able to accept my checks.

Authorized Signature X \_\_\_\_\_ Date: \_\_\_\_\_

### Checking Account - Personal Guarantee

The undersigned hereby personally guarantees any and all checks written to EWF as payment for orders shipped, should any checks be dishonored for any reason whatsoever by my bank. In the event of a lawsuit for collection, I agree to pay reasonable attorney fees and court costs incurred by EWF as well as all agency fees incurred for collection.

Authorized Signature X \_\_\_\_\_ Date: \_\_\_\_\_

## COD Money Order

I elect to pay for my EWF orders upon delivery with a money order and understand UPS COD fees will apply per package.

## Submitting Your Account Application & Payment Options

Express Window Films  
New Accounts Department  
22 Shelter Rock Lane #106  
Danbury, CT 06810

Fax: 203.798.2253



*Since 1982, our experience makes yours better.*

Express Window Films  
22 Shelter Rock Lane #106  
Danbury CT 06810

Direct 203.798.2211  
Toll Free 800.FILM NOW (800.345.6669)  
Fax 203.798.2253

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