BUSINESS CREDIT APPLICATION

Name/Address

Last Thigpen	First Richard	M.I. E	Title president
Name of Business IHD INC, dba In House Design			Tax I.D. Number 20-3303106
Address 4123 Sage Brush Court			
City Manvel	State TX	Zip 7578	Phone 281-998-7787

Resale Information

Are products to be purchased for resale? ☑ Yes ☐ No	If yes, Resale Cert. # 12033031068

Company Information

Type of Business Retail			In Business Since 1984
Legal Form Under Which Business Operates	☑ Corporation	☐ Partnership	☐ Proprietorship
If Division/Subsidiary, Name of Parent Company			In Business Since
Name of Person Responsible for Business Transactions Richard Thigpen			Title president
E-mail info@inhousedesignshutters.com		Phone 281-998-7787	Fax
Accounts Payable Contact same			Title
E-mail		Phone	Fax

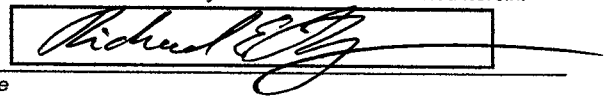
Bank References

Institution Name Chase Bank	Institution Name
Address 5150 Fairmont Parkway Pasadena, TX 77505	Address
Phone 281-991-0463	Phone

Trade References

Company Sunland Shutters	Company Norman	Company
Contact Accounts Receivable	Contact Accounts Receivable	Contact
Address 5855 Obispo Ave Long Beach, CA 90805	Address 28 Centerpointe Dr La Palma CA 90623	Address
Phone 877-786-5263	Phone 866-667-6268	Phone
Fax 562-808-8109	Fax 562-236-2768	Fax
Account Open Since 2003	Account Open Since 2008	Account Open Since
Credit Limit 5000	Credit Limit none	Credit Limit

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.



Signature

01/05/2021

Date

BMS
Window Decor

CREDIT CARD AUTHORIZATION FORM

BMS Window Decor requires that a valid credit card be on file for the first purchase. Subsequent orders may be paid by check if credit terms are extended after review of your application. You will receive a copy of the charge slip and paid invoice that will act as your record of each transaction.

Please select one option:

- ☑ I would like to pay for this and all future orders with the following credit card.
- ☐ I agree to pay for my first order with the following credit card, but would like to send checks by mail for all future orders.

Please select one:

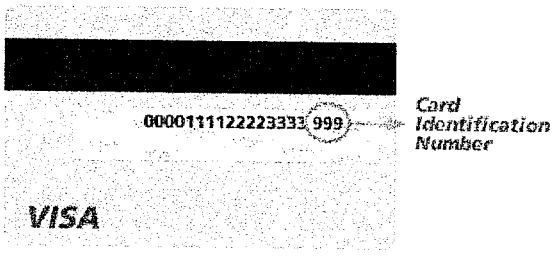
- ☑ I would like my receipt(s) e-mailed to me at info@inhousedesignshutters.com
- ☐ I would like my receipt(s) faxed to me at _____
- ☐ I do not require a receipt.

Credit Card Type: ☑ Visa ☐ MasterCard ☐ American Express

Credit Card Number: 4266 - 8411 - 7895 - 4556

Expiration Date: 06 / 2024 **Billing Zip Code:** 77578

Security Code Number: 816
(Located on the back of the credit card)



Company Name: In House Design

Cardholder Name: Richard E Thigpen

Signature: _____

Please FAX this completed form to 972-820-5724 or email at - james@windowsdecor.com

BMS WINDOW DECOR
1000 CROWLEY DR #100 CARROLLTON, TEXAS 75006~ P 972-810-0124 ~ F 972-820-5724 ~ WWW.BMSDECOR.COM