



Vendor Application Form

Please complete and return

Vendor Information		
Vendor Name:		
Address:		Email:
City/town:	Zip:	Phone/Fax:
Representative Information		
Contact Name:		
Address:		Email:
City/town:	Zip:	Phone/Fax:
Account Receivable Information *Credit letter from TRP available upon request		
Contact Name:		
Address:		Email:
City/town:	Zip:	Phone/Fax:
Payment Terms:		
Customer Service Information		
Contact Name:		
Address:		Email:
City/town:	Zip:	Phone/Fax:
Vendor Chargeback Contact Information		
Contact Name:		
Address:		Email:
City/town:	Zip:	Phone/Fax:
Claim Agreement info		
On all items ordered for The Room Place, we request parts and assembly instructions to be provided to us.		
Parts Provided Y/N:		Notes:
Vendor Inspect Needed Y/N:		Notes:
Service Calls Y/N:		Notes:
Vendor Chargebacks Allowed Y/N:		Notes:
Shop time Repair Allowed Y/N:		Notes:
Service Calls Y/N:		Notes:



Shipping/Ordering Information

Please complete and return

Shipping Information - Import

Factory Name:		Contact at Factory:
Factory Address:		Email:
City/town:	Zip:	Phone/Fax:

Ordering

Lead Time:	Revision Policy:
Cancelation Policy:	Factory Close Dates:

Shipping Information – Domestic (Please complete both if additional warehouses)

Factory Name:		Contact at Factory:
Factory Address:		Email:
City/town:	Zip:	Phone/Fax:

Ordering

Lead Time:	Revision Policy:
Cancelation Policy:	Factory Close Dates:

Dear Vendor:

The Room Place requires any vendor partner to have an original, current Certificate of Insurance on file with us at all times. The following insurance coverage and limits are required:

<u>Type of Insurance</u>	<u>Limits</u>
Comprehensive General Liability	\$1,000,000 combined single limit
Workers' Compensation	\$500,000/\$500,000/\$500,000
<i>(For Accident/Disease-Policy Limit/Disease Each Employee)</i>	
Automobile Liability	\$1,000,000 each occurrence
Commercial Liability Umbrella	\$2,000,000

The Certificate must show The Room Place (or TRP Acquisition Inc.) as the **Certificate Holder**.

Also, The Room Place (or TRP Acquisition Inc.) must be named as an “**Additional Insured**” with the following language on the Certificate:

“Any corporation doing business as The Room Place (TRP Acquisition Inc.), any future subsidiaries or affiliated corporations of The Room Place (TRP Acquisition Inc.), and its lessors and their employees, agents, beneficiaries, assigns and invitees.”

Please mail the original, current Certificate of Insurance to:

The Room Place
Attention: Accounting Department
1000-46 Rohlwing Road
Lombard, IL 60148

Thank you for your cooperation.

Sincerely,

The Room Place