

Birth Date:
M ____ / D ____



Office Use Only:

APPLICATION FOR BUSINESS ACCOUNT

2025

* NOTE: Every field that has an asterisk (*) is a Required Field to fill out completely.

*First Name:	*Last Name:
*Company Name:	*Company Fax #:
*Applicant Cell #:	*Company Phone #:
*Registered Company Address:	
*City:	*State:
*Zip Code:	
Sole Proprietorship: ☐ Partnership: ☐ Corporation: ☐ Other: ☐ If you have selected the Other checkbox please explain below:	

Please Submit Primary Email Addresses for this Business Account.

☐ By checking the box, you consent to Superior Blinds MFG. to receive promotional / advertising text messages to your mobile phone number provided in the text form and or to your email address given. The person must be 18 years old and the primary owner of the email address and mobile number to provide consent. You may opt-out from these SBM marketing communications at any time.

*Below check each box that applies.

*Primary Account Email Address:	*Primary Account Cell Number:
*Account Receivables Email Address:	*Accounting Payables Email Address:
*Online Ordering Account Manager Email:	*Online Ordering Account Manager Cell Number:

* Please make sure to add these Superior Blinds Emails to your company approved email contact list.

sbm@superiorblindsdbg.com & marketing@superiorblindsdbg.com

BUSINESS / TRADE REFERENCES

*Company Name:		
*Address:	*City:	
*State:	*ZIP Code:	*E-mail:
*Phone:	*Fax:	Note:

Company Name:		
Address:		*City:
State:	Zip Code:	E-mail:
Phone:	Fax:	Note:

BANK REFERENCE

*Institution Name:	*Checking Account #:		
*Address:			
*City:	*State:	*Zip Code:	
*Phone:	*Fax:	*Email:	

AGREEMENT

By submitting this application, you authorize Superior Blinds MFG. To make inquiries into the business/trade reference that you have supplied.

SIGNATURE

*Signature: _____ *Title: _____ *Date: _____



AGREEMENT

* NOTE: Every field and or Statement on this Agreement with an asterisk (*) is a Required to be filled out or submitted for completion.

Superior Blinds MFG. Standard Operating Procedures for Business Agreement. All customers conducting business or purchasing products from Superior Blinds MFG. (SBM) must provide the required business documentation and authorize automatic payment processing for all orders. Failure to provide these documents will result in the customer's account being classified as C.I.A. (Cash in Advance) or suspension until the necessary documentation is submitted and approved by SBM's Accounting Department. Thank you for your cooperation and adherence to these business requirements.

Below are the Required Business Documentation to Establishing an SBM Account:

NOTE: SBM needs photocopies all of these business documents and if the customer is filling out the applications online SBM needs photocopies of all these business documents emailed to. sbm@superiorblindsfmfg.com
Company name must match on all these documents to have an account with Superior Blinds MFG.

1. **Company Business License:** SBM requires a Photo Copy of the **Business License**.
2. **Company Reseller Permit:** SBM requires a Photo Copy of the **Company Reseller Permit**.
3. **State Sales Tax Permit Number;** SBM requires a Photo Copy of the **State Sales Tax Permit Number**.
4. **EIN (Employer Identification Number):** SBM requires a Photo Copy of the **EIN information**.
5. **SS# (Social Security Number):** SBM requires a Photo Copy of the original **SS Card**.

If the company is doing business as or operating a business as a Sole Proprietorship, Partnership, Corporation, & or Other the company is required to provide SBM hard copies or digital copies of these documents. Sole Proprietorship must have both of these documents. **EIN (Employer Identification Number) information & SS# (Social Security #)** The name of the business must match with the name on the **EIN information** to have an account with SBM.

TERMS: All customers are placed on Cash in Advance C.I.A. terms until credit application is approved by SBM.

RUSH ORDERS: Depending on how busy we are the company reserves the right to accept them or not.

NOTE: Having good payment terms will increase approval rate of **RUSH ORDERS**.

SBM can accommodate these requests. SBM has No Problems when customer needs a product rushed.

EXPEDITED ORDERS: This ordering option is available to customers when requested by the customer. The customer acknowledges and accepts full responsibility for all charges and fees incurred during the expediting process.

NOTE: SBM will notify the customer if the order has been an approved for Expediting.

ORDERING PROCESS:

Superior Blinds Manufacturing (SBM) offers multiple convenient ordering methods for resellers:

1. **Online Ordering Platform:** Access on SBM website. Each order placed on platform receive 1% saves on each order.
2. **Interactive PDF Order Forms:** Available via a link on the SBM website.
3. **Fax Orders:** Submit orders to **951-358-0830**.
4. **Email Orders:** Send completed order forms to orders@superiorblindsfmfg.com.
5. **In-Person Orders:** Visit the SBM office **Monday–Friday, 8am –4pm**. Please call ahead to confirm staff availability.
 - Orders submitted through the SBM Online Ordering Platform are prioritized over all other ordering methods.
 - Orders placed on Friday afternoons or weekends will begin processing the following Monday.
 - Ensure all order forms are fully completed to prevent delays in data entry and production.

Access to the SBM Online Ordering Platform: SBM will provide all accounts holder with an Online Ordering ID and a temporary password via email to access and purchase SBM products. Please ensure that SBM's primary emails are added to your safe sender email list to prevent missed SBM emails. sbm@superiorblindsfmfg.com & marketing@superiorblindsfmfg.com

PAYMENT PROCESS: SBM encourages new accounts to enroll in the SBM Automatic Online Payment Process for secure and efficient transactions. Accepted payment methods include:

1. **ePic Online Payment Platform:** A secure payment system. SBM will provide login credentials via email.
2. **Automatic Online Payments Process:** ePic, ACH transfers, or Business Credit Cards.
Enrolling in automatic payments process qualifies customers for an additional **1% savings** on all online orders.
3. **ACH Payments or Business Credit Cards:** Payments must be pre-approved for each transaction.
4. **Zelle:** Send payments to sbm@superiorblindsfmfg.com.
5. **E-Check:** Submit payment using your bank's routing and account number.
6. **Business Check:** Returned checks are subject to a \$30 fee.

AGREEMENT

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PAYMENT TERMS FOR CUSTOMERS:

- **Non-payment Follow-Up (Days 1-4):** If an order or invoice remains unpaid beyond the agreed payment term and the product has been delivered and received by the customer.
- **During Day 1-4:** Superior Blinds MFG. will email and call the customer to follow up on the payment.

AUTOMATIC PAYMENT PROCESS ON DAY FIVE:

- **On Day 5:** For customers who have opted into SBM Automatic Online Payment Process the following will happen.

SUPERIOR BLINDS WILL APPLY:

- **On Day 5:** The total unpaid amount will be autocratically deducted from the approved account on file.
- Customers agree to cover a 3% credit card processing fee for these automatic payments.

Automatic Payment Process: Customers that have opted in, per-approved, agrees to all terms, and responsible for all fees.

Superior Blinds Customers that have not signed up for automatic payment process.

- If customer has not opted in to the automatic payment process the customer account will be referred to a collection agency with the corresponding added fees.

CLAIMS FOR DAMAGED OR MISSING PRODUCTS:

- Customers are responsible for inspecting all deliveries upon receipt. Any claims for damaged and or missing items must be submitted in writing to SBM within 7 days of receiving the product.
Submit Claims via email: sbm@superiorblindsfmfg.com
Email Subject Line: Damage/Missing Products. Order Date/SideMark/Customer ID#/Add: Photos, description, and details.

CHANGE OF ORDERS:

- Changes to the original order are subject to approval by production for any material already in process.
- Please revise your order prior to submitting it.
Submit cancellations via email to: sbm@superiorblindsfmfg.com.
Email Subject Line: Change of Orders. Add: Product Order Date/SideMark/Customer ID#/Include description and details.

ORDER CANCELLATIONS:

- No Cancellations are accepted once materials have been cut for production.
- Cancellation requests must be submitted in writing and approved by SBM's Customer Service Team.
Submit cancellations via email to: sbm@superiorblindsfmfg.com
Email Subject Line: Cancellation. Add: Product Order Date/SideMark/Customer ID#/Include description and details.

TERMINATION OF BUSINESS CLAUSES:

- SBM reserves the right to process automatic payments for accounts with repeated non-payment issues.
- Accounts with more than three (3) late payments in a year may have the total outstanding balance charged to their approved payment method.

ORDER PICKUP POLICY:

- All Orders must be picked up within 15 days of completion notification.
- Uncollected orders after 15 days will place future orders on hold until resolved.
- Customers a part of the Automatic Online Payment Process, unpaid orders will be charged to the approved account. Fully paid but uncollected products will be shipped to the account's approved address.
- Non-enrolled customers, orders left unclaimed for 60 days will be sent to a collection agency with applicable fees.

DELIVERY POLICY:

- Orders must be delivered to the approved business address on file or an updated address submitted to SBM.
- Address changes must be emailed to the customer service team, updated in ePic business profile, and confirmed by SBM.
- All delivered orders must be reviewed, signed, dated, and approved by an employee of the business account.

DYE LOTS: Dye lots may vary slightly from lot to lot. Returns will not be accepted due to minor variations of color or texture.

Customer hereby acknowledges the receipt of a copy of this Agreement

*Signature: _____ *Date: _____



SALES TAX RULES AND REGULATIONS RESALE CERTIFICATES

* NOTE: Every field and or Statement on this Agreement with an asterisk (*) is a Required to be filled out or submitted for completion.

To Our Valued Customers:

In Compliance with Sales and Use Tax it is necessary that we have from all of our customers a signed re-sale certificate, with their State Sales Tax Permit Number to show that the merchandise has been purchased for re-sale, copies of Re-Sale certificate, EIN information, and, Social Security Number.

Under "Description of the property to be purchased" there may appear:

1. Either and itemized list of the particular property to be purchased for resale, or
2. A general description of the kind of property to be purchased for resale. Such certificate is good until revoked in writing.

Please insert your NEW SALES TAX PERMIT NUMBER, WITH YOUR SIGNATURE AND ADDRESS ON THE ATTACHED RE-SALE CERTIFICATE AND RETURN IT AS SOON AS POSSIBLE.

(If you don't provide us with a Business Permit Number your account will be strictly COD no exceptions)

* Legal Name of Business on The Sales Permit Certificate & EIN Information

* Address of Business on The Sales Permit Certificate & EIN Information

I HEREBY BY CERTIFY: That I hold valid *EIN No.: _____

I HEREBY BY CERTIFY: That I hold valid *Seller's Permit No.: _____

I HEREBY BY CERTIFY: That I hold valid *Business License No.: _____

I HEREBY BY CERTIFY: That I hold valid *Social Security Number.: _____

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling.

Window Coverings and or External Home Solutions.

That the tangible personal property described herein which I shall purchase from: **Superior Blinds MFG., Inc.**

Superior Blinds MFG. products will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property. Description of property to be purchased:

Window Coverings and or External Home Solutions.

*Signature: X _____ *Date: _____

*Print Name: X _____ *Title: _____

(Printed name of purchaser of Authorized agent, and Title)



CREDIT APPLICATIONS

*Legal First Name:	*Legal Last Name:	TITLE:
*Company Name:		
*Social Security #:	*Driver's License or State ID#:	
*Cell Phone:	*Fax:	*Personal Email:
*Home Address:		
*City:	*State:	*Zip Code:

BUSINESS INFORMATION

*Legal Entity: Please select one and fill in details.	*Business Operated: Please select what that applies to your company.	*Requested Terms: Please select one.
☐ Sole Proprietor #:	☐ Retail Store Front:	☐ Net 7:
☐ Corporation #:	☐ In Home:	☐ Net 15:
☐ Limit Liabilities #:	☐ Industrial:	☐ Net 30:
☐ Partnership #:	☐ Ecommerce / Online:	☐ COD:
☐ Other:	☐ Other give details in notes area:	
Note:		

*RESALES LICENSE #:	*EIN INFORMATION:	* YEARLY SALES REVENUE:	*DATE BUSINESS COMMENCED:
Registered & Physical Address for the Business:			
*City:		*State:	*Zip:
*Does The Business Advertise? Yes: ☐ No: ☐	*Areas of Advertising and Marketing Support: Please check the areas that apply to your business Advertising.		
Notes:	*Google Bus: ☐ Google Ads: ☐ FB/Meta: ☐ IG: ☐ YouTube: ☐ TicTok: ☐ Apple Maps: ☐ Linkedin: ☐ Yelp: ☐ Texting: ☐ Email: ☐ Direct Mail: ☐ Nextdoor: ☐ BBB: ☐ Houzz: ☐ Yellow Page: ☐ Super Pages: ☐ Merchant Circle: ☐ EZ Local: ☐ Angie List: ☐ Referrals: ☐		

*The undersigned hereby authorize Superior Blinds MFG to review any information provided for the purpose of establishing credit. It is agreed that the undersigned will hold harmless the companies engaging in the exchange of such information and understands that the information provided is used for credit worthiness as a routine business practice. I also authorize release of my credit information to a credit service agency for the purpose of establishing an account with Superior Blinds MFG.

*I, _____ Give permission to Superior Blinds MFG. to run my credit report.

IMPOTANT! Application Will Not Be Processed Without Customer Signature

*Signature: X _____ *Date: _____

*Print Name: X _____ *Date: _____



Credit Card and or E-Check Authorization Form

NOTE:*Automatic Online Payments Process: ePic, ACH transfers, or Business Credit Cards.
Enrolling in automatic payments process qualifies customers for an additional **1% savings** on all online orders place on SBM Online Ordering Platform.

Credit Card Authorization Form

*Credit Card Payment Method: Visa: ☐ Master Card: ☐ Discover: ☐		*Name on Card:	
*Number on Card:	*Security Code Associated to Card:	*Zip Code Associated to Card:	*Expiration Date on Card:
NOTE: *Debt or Credit 3% processing fee *AMEX Not Accepted.			

Credit Card Authorization Form

*Credit Card Payment Method: Visa: ☐ Master Card: ☐ Discover: ☐		*Name on Card:	
*Number on Card:	*Security Code Associated to Card:	*Zip Code Associated to Card:	*Expiration Date on Card:
NOTE: *Debt or Credit 3% processing fee *AMEX Not Accepted.			

E-Check Authorization Form

*E-Check Payment Method: E-Check: ☐	*Name on E-Checking Account:
*Routing Number:	*Account Number:
NOTE: *No Charge For E-Check.	

*Full First Name:	*Full Last Name:	*Company Name:
*Business Address:		
*City:	*State:	*Zip:
Notes:		

* I, _____ authorize Superior Blinds MFG to charge my card.
All credit card transaction will have a 3% surcharge.

* Company Name: _____

* Authorized Signature: _____ *Date: _____

Please complete Document and Fax To:
951-358-0830

***Please Note on Fax:**
Attention Accounting Department



Remake and Repair Terms and Conditions

* NOTE: These PDF Files are available on the Superior Blinds Website for Download.

REMAKES: All Remakes will be charge and invoiced until we get the defective product back, once we get the product returned to Superior Blinds MFG headquarter in Riverside California we will waive the charges.

REPAIRS: Superior **will not fix** other company's shades (**No Exceptions**)

REPAIRS: Superior Blinds MFG. will fix all of our products for free if is under warranty, all shades that are not under warranty we will fix for a small fee. (SBM product needs to be returned to SBM for inspection and to be repaired.)

NOTE: All Re-Order, Re-Pair, Re-Make Superior Blinds MFG. products need to be returned to SBM headquarters for an inspection from the SBM customer service rep. examines the product(s) and fill out the Re-Order, Re-Pair, Re-Make Form to properly log and conduct a Re-Order, Re-Pair, Re-Make order procedure. The customer must review order form, sign, and date Re-Order, Re-Pair, Re-Make order form before this procedure become a production.

Products:	Cut Down Net Price \$:	Cut Down Net Price \$:
Horizontal Blinds:	\$15.00	\$25.00
Vertical Blinds:	\$20.00	
Cell Shades:	\$25.00	\$30.00
Roller Shades:	\$25.00	\$25.00
Dual Shades:	\$25.00	\$25.00

***Please check 1 box in each area on how you would like the product to be packaged & handled from Superior Blinds MFG.**

How would you like to have your product packaged.		How would you like to have your product handled.		
Bag Product: ☐	Box Product: ☐	Will Call: ☐	Delivery: ☐	Shipped: ☐

Customer hereby acknowledges the receipt of a copy of this Agreement.

***Print Name:** _____ ***Date:** _____

***Signature:** _____ ***Date:** _____



Horizontals, Verticals, Cell Shades, Roller Shades & Dual Shades WARRANTY ON PARTS AND LABOR

Superior Blind Manufacture (MFG.) extends this limited lifetime warranty to the original purchaser and applies only to the custom product properly installed in the window for which they were intended.

Any resale or transfer of the product and/ or materials **VOIDS** this warranty.

This warranty does not apply to any **Superior Blind MFG.** products damaged by accident, misuse, abuse, direct exposure to salty air and/or discoloration due to sunlight after four years Horizontals, Verticals, Roller Shades, and Dual Shades or after 3 years Cell Shades or the passage of time, to be determined by Superior Blind MFG. or one of its authorized dealers.

We do not warrant against:

- Product damaged by fire, flood, lightning or other acts of God.
- Product damage or failure due to improper handling, installation, cleaning and abuse.
- Yellowing or cracking of plastic or wood products (after four years).
- Variation in color, grain, or texture of natural wood products. **(For Horizontal Blinds)**
- **No valid for broken vanes.** (For Vertical Blinds)
- **No valid for broken slats.** (For Horizontal Blinds)
- Conditions caused by normal wear and tear upon the product. **(Roller Shades and Dual Shades)**
- Fraying is a common problem when not install evenly. **(Roller Shades and Dual Shades)**

Our warranty obligation excludes shipping charges and/or labor costs for measuring and installation.

In the event of a defect found under this warranty, upon **Superior Blind Manufacture's** determination, we will repair or replace the product, provided it is returned to an authorized **Superior Blind MFG.** Dealer.

Wood Blinds are a natural wood product and some slight warp age may occur. Color and graining from slat to slat may differ due to natural differences that occur in the wood itself.

Roller Shades product might have Color change from roll to roll.

In no event shall **Superior Blind MFG.** be liable for incidental or consequential damage, loss, cost, expense or fee.

Superior Blind MFG. will repair or replace any blind cell shade, roller shade, vertical blind, or any other products. found defective under the guidelines of our limited lifetime warranty. However, it is solely at the discretion of **Superior Blind MFG.** whether our warranty is honored by replacement or repair. This warranty gives you specific legal rights and you may also have additional rights that vary from state to state.

WARRANTY ON PARTS AND LABOR Break Down

Wood Blinds	Horizontal Blinds	Vertical Blinds	Cell Shades	Roller & Dual Shade	Somfy, Celtic, & Alpha Motors
2 Year Warranty	4 Year Warranty	4 Year Warranty	3 Year Warranty	4 Year Warranty	4 Year Warranty

Superior Blind Manufacture (MFG.) Offers a 4 Year warranty on all **(Somfy, Celtic, & Alpha)** motors and controls bought and install by SBM. warranty on motors and controls to be free from defects in material and workmanship under normal and proper use for a period of 4 years commencing with the date stamped on each product. If the Motor fails within this 4-year period, we will repair or replaced it free of charges. The motors we warranty are those assemble with our product.

This doesn't apply for motors so separately because we ignore were that motor is going to. Every Motor must be installed base on specification, size of tube, width and length of the shade that is the reason why this warranty will be NULE

If you request a Credit Back because you are returning the motor or Control because you did not use, we will need that motor or Control to be send to us with the original box and any other component that comes with that motor or Control.

Customer hereby acknowledges the receipt of a copy of this Warranty.

*Print Name: _____ *Date: _____

*Signature: _____ *Date: _____

Repair or Replace the product, provided it is returned to an authorized **Superior Blind MFG.** dealer.



Delivery



Dear Valued Customer,

At Superior Blinds we strive to provide you with the best possible service and prompt delivery on all your orders. We realize that deadlines are very important and install dates are set well in advance. This is not a per order charge but a per delivery charge. Please keep in mind your delivery fee will be bill separately we will not add it to your order. We hope this helps you plan ahead to minimize trip charges.

Sincerely,
Superior Blinds MFG. Team

Apple Valley	Inland Empire	15 Fwy. & San Diego	Orange County	Los Angeles
Monday	Tuesday	Wednesday	Thursday	Friday
Riverside	San Jacinto	Lake Elsinore	Yorba Linda	Corona
Colton	Beaumont	Murrieta	Anaheim	Chino
San Bernardino	Desert Hot Springs	Temecula	Placentia	Rowland Heights
Highland	Palm Springs	Fallbrook	Huntington Beach	City of Industry
Victorville	Cathedral City	Vista	Costa Mesa	Stanton
Apple Valley	Thousand Palms	San Diego	Newport Beach	Cypress
Eastvale	Palm Desert	Chula Vista	Irvine	Lakewood
Corona	Indio	Bonita	Orange	Long Beach
Hesperia		La Mesa	Tustin	Carson
		El Cajon	Lake Forest	Gardena
		Santee	Aliso Viejo	Tarzana
		Lakeside	Mission Viejo	Monrovia
		Ramona	Laguna Nigual	
		San Clemente	Dana Point	
		Corona	San Juan Capistrano	
			Ladera Ranch	
			Corona	

NOTE: Customers should call to schedule their deliveries.

There is a \$50.00 Trip Charge.

Customer hereby acknowledges the receipt of a copy of this document.

*Print Name: _____ *Date: _____

*Signature: _____ *Date: _____

Shipping



<https://www.gls-us.com/tracking/trackshipment>

Minimum of \$30.00

12" to 60"	\$19.00
61" to 84"	\$32.00
85" to 108"	\$69.00
109" to 119"	\$85.00
120" to 130"	\$120.00

Prices based on the Width.

Vertical Use Biggest Size Length or Width.



UPS**Minimum of \$30.00

12" to 60"	\$29.00
61" to 84"	\$55.00
85" to 108"	\$89.00
109" to 119"	\$120.00
120" to 130"	\$165.00

Prices based on the Width.

Vertical Use Biggest Size Length or Width.



GLS doesn't ship out to any other state. However, you can use any company of your liking. We will provide you the measurements of the boxes. Just send us the label. We will print and add it to the box.

- California - Oregon - Washington - Arizona - Nevada - Idaho
- Utah - New Mexico - Colorado

Customer hereby acknowledges the receipt of a copy of this document.

*Print Name: _____ *Date: _____

*Signature: _____ *Date: _____

**Please Click on the button below to email this
Completed Businesss Application to Superior Blinds MFG.**

CLICK HERE