



2010 Information & Forms

When you have completed this
form please print, sign and fax it to
828.328.5700.



DIRECTORY

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susanne@legacyfurniture.us Ext. 304

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tara@legacyfurniture.us Ext. 330



LIFETIME HEALTHCARE WARRANTY

Legacy Furniture Group warrants its product to be free of manufacturing defects in material and workmanship under normal use and service for the life of its Healthcare Products. The liability of Legacy Furniture Group is limited to repair or to furnish new parts as may be necessary to repair any item that may deem defective in material or workmanship. This warranty is void in cases of damage in transit, negligence, abuse, improper maintenance or modifications. There is no other express of warranty nor can Legacy be held responsible for any implied warranties. Normal aging and wear of textiles, filling material, and finishes are exempted from this warranty. Legacy's judgment will be final in all matters concerning the condition of their products sold and the cause or nature of the defect and the necessity or manner of repair.



STANDARD 10-YEAR WARRANTY

Legacy warrants to the original purchaser that our products will be free from defects in workmanship given normal conditions for a period of TEN years. This includes the Frame, Foam and Finish.

Exceptions to the warranty include:

- Abuse in any form
- Wearing of textile or coverings
- Swivel bases or mechanism (five years)
- Gas lifts (two years)
- Carrier damage
- Casters (three years)
- Motion Mechanisms (one year)
- Hospitality Furniture (five years)

Our factory office must be notified in the event that our products do not conform to the above warranty. Legacy reserves the right to repair or replace any part that is determined to be defective within the terms of this warranty.



INFORMATION & FORMS PACKET

To:	ALL NEW CUSTOMERS Please fill out and send with first order	From:	Susanne Drum Legacy Furniture Group
Fax:		Fax:	(828) 328-5700
Date:			
Re:	New Customer Credit App	Pages:	(including this page)

Urgent For Review Please Reply

Dear Potential New Customer,

Welcome Aboard!

The next pages are the credit application we require from all our customers. We find things work better when people are informed up front on procedures. Please read carefully, sign where appropriate and FAX back to us as quickly as possible for process.

We look forward to a long and fruitful relationship.

Sincerely,

Susanne Drum, Credit Manager/Customer Service
Jenny Hurley, Customer Service
Gale Holloway, Customer Service
Debi Orlandi, Customer Service



TERMS & AGREEMENT

1. It is understood that this application is subject to approval by the Credit Department of Legacy Furniture Group, Inc., and that the extension and/or limits thereof shall be determined solely by Legacy Furniture Group, Inc.
2. First time orders under \$2,500.00 will be required to pay in full before order is processed. First time orders over \$2,500.00 will require a 50% deposit up-front. PLEASE READ CAREFULLY "A. TERMS" in the price list.
3. "INVOICE TERMS" are: Net 30 days after purchase. They are payable at our General Office. Remit to: P.O. Box 189, Conover, NC 28613.
4. Past due balances will be subject to a service charge of two (2%) percent per month (or a maximum rate allowable by law) and Customer specifically agrees to this service charge on past due balances.
5. In the event of default by Customer under this Credit Application, then Customer agrees to pay all of Legacy Furniture Group's, expenses in collecting any sums due from Customer or otherwise enforcing this Credit Application, including reasonable attorney's fees.
6. After Credit has been established and terms are Net 30, if slow payment becomes routine then prepayment will be required before Purchase Order is processed.
7. Non Sufficient Funds will cause an account to be placed on COD / Cash Account only. A \$50.00 processing fee will be assessed for recovery of funds for each occurrence.

THE FOREGOING STATEMENTS AND ANY ACCOMPANYING FINIANCIAL STATEMENTS ARE CORRECT AND WERE PROVIDED TO INDUCE LEGACY FURNITURE GROUP INCORPORATED TO EXTEND CREDIT TO CUSTOMER.

IMPORTANT NOTICE: Of the credit established and extended to an applicant who represents itself as a proprietorship or partnership, liability for any outstanding balance will be to individual owners, jointly or separately.

Signature Required

Title: _____ SIGN AND PRINT NAME _____

This the ____ day of _____, 20 ____ .

GENERAL INFORMATION

NOTE: Please examine this acknowledgment carefully and advise Legacy immediately of any discrepancies.

Acknowledgment

All orders are acknowledged promptly showing how the order was entered, its expected shipping date and other pertinent information. This acknowledgment is the final agreement between the customer and Legacy and is the exclusive statement of the terms thereof.

Order Information

Legacy requires all orders in writing to avoid error and/or duplication. Orders must be complete in their description of model number, finish, color and any required dimensions. Incomplete orders will not be scheduled for shipment. A sketch or floor plan will further ensure accurate communication.

Cancellations

Acknowledged orders cannot be cancelled for any reason without the written consent of Legacy Furniture. Orders entered and in the process of manufacture are subject to cancellation charges.

Changes to Orders

All changes on Acknowledged orders must be requested in writing and are subject to approval by Legacy. Changes may result in rescheduling of an order and/or additional charges.

Prices

All prices shown in this price list are suggested retail prices and do not include calls arranging delivery, storage, handling, local delivery charges, uncrating or installation. Prices are subject to change without prior notification and all products will be billed at prices prevailing at the time Legacy receives purchase order unless otherwise notified. Special tagging is available; please contact customer service for details and costs.

Possession of this price list does not in itself constitute an offer to sell. Orders can be received only from authorized dealers of Legacy Furniture Group, Inc.

Deposits

A 50% deposit is required on all orders requiring special construction and/or custom finishes.

Shipment

Legacy will select the method of shipping, route and carrier unless previous arrangements have been made with Legacy.

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GENERAL INFORMATION CONT.

Damage Claims

Check your merchandise upon arrival. If there is any structural damage, record damages on bill of lading. **DO NOT REFUSE MERCHANDISE DAMAGED IN TRANSIT.** All shipments are delivered to the transportation company in good condition. Contact Legacy customer service or your dealer immediately so we can work on the problem together.

NOTE: If you give the delivery carrier a clear receipt for a shipment, the Carrier and Legacy are relieved of further responsibility. We suggest for your protection that all merchandise be inspected upon arrival at destination.

Concealed Damages

If concealed damages are found, notify Legacy or the delivering carrier at once and request an inspection. Confirm this request in writing. Hold carton and unit for their inspection. The trucking companies are not holding to the 15 days from date of delivery any longer. Such claims must not, under any circumstances, be deducted in settlement of invoices.

Returns

No merchandise returns will be accepted without prior written consent and instructions from Legacy. All authorized returns for credit or refund are subject to a restocking charge provided merchandise returned is received by Legacy in the condition it left the factory. If returned merchandise is received damaged, an additional charge for restoring such merchandise will be made. A minimum of 20% restocking charge will be levied against approved standard products returned in good condition.

Legacy makes no other warranty, either expressed or implied, as to any matter whatsoever, including the product's condition, its merchantability or its fitness for any particular use or purpose. Under no circumstances shall Legacy be liable for incidental or consequential damages.

Signature Required

Title: _____ SIGN AND PRINT NAME _____

This the ____ day of _____, 20 ____ .

On Page 1 & 2 of General Information sheets, please initial each heading to confirm understanding.



CREDIT APPLICATION

Full Legal Name of Entity: _____

Type of Business: Corporation Partnership Sole Proprietorship Other

Address: _____

City: _____ State: _____ Zip: _____ DB#: _____

Phone: _____ Fax: _____ How Long in Bus?: _____

Sales Tax No: _____ Federal ID or SS#: _____

A copy of the Sales Tax Certificate MUST be faxed in also to 828.459.7199

Email Address: _____

Owner's Name: _____

Bank: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Trade References (3 required)

Entity: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ DB#: _____

Phone: _____ Fax: _____

Entity: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ DB#: _____

Phone: _____ Fax: _____

Entity: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ DB#: _____

Phone: _____ Fax: _____

continued...



CREDIT APPLICATION CONT.

Signature Required

I request a credit application with Legacy Furniture Group, Inc., and furthermore agree to the "TERMS" and conditions as stated on this application, the agreements attached hereto and the invoices. The venue of any action filed in court will be in Catawba County, North Carolina.

I hereby certify that the foregoing statements and representations on this application are true and correct as of this date. I/we, guarantee payment of the above account, on this _____ day of _____, 20_____.

(If the entity is a Corporation, this form must be signed by an officer of the Corporation. For all other entities, this form must be signed by an owner or a partner.)

Title: _____ SIGN AND PRINT NAME _____



RELEASE AUTHORIZATION

AUTHORIZATION FOR THE RELEASE OF CREDIT INFORMATION TO
LEGACY FURNITURE GROUP, INC.

Full Legal Name of Entity: _____

Name on the Account: _____

I hereby request that businesses given as Credit References release any necessary credit information from my records to Legacy Furniture Group, Inc. I also understand that I (we) will hold these businesses harmless of any credit information released whether or not the credit is in good standing or if it is adverse. By signing below, I am attesting that the above given information is true and correct to the best of my knowledge and that I am an authorized signer for the above named account.

Title: _____

Authorized Signature: _____

Printed Name: _____

FREIGHT INFORMATION

Terms: Net 30

Lead time: 6-8 weeks

Freight Information: F.O.B. Origin, N.C., USA – Freight Prepaid

Zone 1: GA, NC, SC, VA

Freight is prepaid on all seating orders totaling more than 150 pounds and shipping to a single destination. For seating orders of less than 150 pounds, please add **\$50**.

Zone 2: AL, AR, CT, DC, DE, FL, IL, IN, KY, LA, MA, MD, MI, MO, MS, NJ, NY, OH, PA, RI, TN, WV

Freight is prepaid on all seating orders totaling more than 300 pounds and shipping to a single destination. For seating orders of less than 300 pounds, please add **\$100**.

Zone 3: IA, KS, ME, MN, ND, NE, NH, OK, SD, TX, VT, WI

Freight is prepaid on all seating orders totaling more than 450 pounds and shipping to a single destination. For seating orders of less than 450 pounds, please add **\$200**.

Zone 4: AZ, CA, CO, ID, MT, NM, NV, OR, UT, WA, WY

Freight is prepaid on all seating orders totaling more than 600 pounds and shipping to a single destination. For seating orders of less than 600 pounds, please add **\$300**.

Legacy reserves the right to select the carrier to be used on all freight prepaid shipments. Inside delivery and installation are not included in the pricing shown and are the sole responsibility of the buyer.

We do not drop shipments without prior arrangements. Goods need to be unloaded and installed by professionals at a facility where a loading dock is available. If there is no loading dock available, there will be an additional charge for unloading and needed arrangements made to ensure the proper unloading of the shipment.

Legacy cannot be held liable for delays of delivery due to strikes, lockouts, labor or transportation difficulties, failure or delay of supply sources, accidents, fire, acts of God, or any other cause of similar nature beyond our control. Legacy may move products to storage if not accepted at the time of scheduled shipment. Any expenses incurred in such an event will be the sole responsibility of the buyer. Legacy considers transfer to storage as delivery for all purposes, including invoicing and expectation of payment.

If we are asked to hold a shipment beyond its scheduled ship date, a charge of 1.5% of invoice will be assessed for every thirty (30) days or any part thereof. If an order is held for more than 60 days, prepayment of the order will be required prior to shipping. The prices applied to held orders will be those prices in effect at the time of shipment. Buyers will be solely responsible for all risks of damage or loss during storage.



BINDER REGISTRATION FORM

Please take a moment to fill out this form and fax it back to 828-328-5700.

Full Legal Name of Entity: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Sales Representative: _____

Dealer Issue Date: _____

Architect/Designer Registration #: _____

Please mark one of the following:

- Hospital Architect/Designer End User Government / State Agency

Legacy Furniture Group, Inc.



SALES AIDS REQUEST & UPDATE FORM

NAME	FEATURING	REQ. #
Price List #106B, Jan 2010		
New Products Tab		
HC-200	Passport	
HC-210	Discovery	
HC-220	Pediatrics	
HC-230	Memories Bed	
HC-180	Urgent Care	
HC-130	Encompass Medical/Exam Furnishings	
HC-140	Envision Healthcare Furnishings	
HC-150	Healthcare Solutions	
Tables Tab		
OT-10	Hepplewhite	
OT-20	Chippendale	
OT-30	Renaissance	
T-10	Elegance in Dining - Tables	
Healthcare Tab		
HC-02	Transformer	
HC-03	Celebrate Collection	
HC-05	California Collection	
HC-10	Miller	
HC-20	Wave	
HC-30	Gateway	
HC-40	Wright	
HC-170	Senior Lifestyles	
Executive Swivels Tab		
E-20	Broadway, Dante, Radcliff, Yeager	
E-30	Aramark, Continental, Sante Fe	
E-110	Westbrook, Westhaven, Yorkshire	
Hospitality / Guest Tab		
HO-100	Elegance in Dining	
G-24	Gateway, Miller, Wright	
G-26	Baer, Cordoba, Fountain, Somerville	
G-29	Addison, Blizzard, Cleveland, Sante Fe	
G-31	Branch, Holly, Lofton, Wave	
G-32	Arthur, Camden, Homestead, Virginia	
G-33	Atlantis, Isaac, Opal, Penn Street	
G-37	Nemo, Solace, Tanner	
G-38	Aspen, Santiago, Winslow	
G-44	Charlotte, Manor, Remes	
G-47	Avignon, Chagall, Crusade, Gavin	
G-54	Naples, Nottingham, Westbrook, Westhaven	
G-91	Greene, JW, Katherine, St. Clair	
G-100	Wood Stack Chairs	

NAME	FEATURING	REQ. #
HO-22	Alloy, Carbon, Montreal	
HO-70	English, Jasmine, Scottish, Veranda	
HO-80	Bistro, French, JC, Southminster	
HO-90	Bellows, Mount Olive, Pelican	
Lounge Tab		
L-10	Jamestown	
L-20	Gateway	
L-30	Eastwood	
L-40	Sophia	
L-50	Vintage	
L-52	Cleveland, Oliver, Stonewall	
L-60	Austin	
L-100	Robertson	
Benches Tab		
B-20	Lincoln, Lockwood, Robertson, Thomas	
B-40	Baker, California, Gateway, Jefferson, Miller, Miller ER, Milton, Wright	
Finish/Textiles Tab		
* A & D Suite Style	Leave in Binder	OOS
* Design Care	Leave in Binder	OOS
* Green with Designtex	Leave in Binder	OOS
* Healthcare Performance II	Leave in Binder	OOS
* Hospitality Collection	Leave in Binder	OOS
* Intaglio Designs	Leave in Binder	OOS
* Legacy Vinyl	Leave in Binder	OOS
* Performance with Momentum	Leave in Binder	OOS
* Renaissance Collection	Leave in Binder	OOS
* Stance	Leave in Binder	OOS
* Berkshire Collection	Leave in Binder	OOS
Healing Collection		
Italian (Leather)		
LDI EnviroLeather		
Morbern Balance		
Morbern Generation		
Morbern Surrey		
Valor Collection		
Wood Finishes		
Woven Crypton Green Plus		
OTHER ITEMS		
Complete Binder		
Binder Shell Only		
Interior Sheets Only		
Tabs Only		
Pocket Folders		
HC-120	Healthcare Options (12 Lines)	
GSA Price List Stickers		

* Fabrics are current. Cards no longer in stock.

PLEASE USE THIS FORM WHEN UPDATING BINDERS.

SEND TO CO. _____ ATTN: _____

ADDRESS: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

Binder Number

<p>ENTER QUANTITY & PRINT. FAX TO 828.328.5700 WHEN COMPLETE.</p>
