



CREDIT APPLICATION
PLEASE SUBMIT COPY OF RESALE CERTIFICATE

ACCOUNT # DATE DATE BUSINESS ESTABLISHED

CHARGE TO:

Trade Name (Billing)

Legal Name

Address City, State, Zip

Phone # Fax #

Email [] Check this box if you choose to receive newsletters and special offers from us via email

PLEASE GIVE NAME, HOME ADDRESS, PHONE NUMBER OF OWNER OR AN AUTHORIZED OFFICER IF INCORPORATED.

Name

Address City, State, Zip

Phone #

Business is a [] Proprietorship [] Partnership [] Corporation

Type of Business

TRADE REFERENCES:

PLEASE LIST 3 ACTIVE SOURCES. REFERENCES SUBMITTED WITHOUT ACCOUNT NUMBERS CANNOT BE CONSIDERED.

Beacon Hill Old World Weavers

Brunschwig & Fils Osborne & Little

Cowtan & Tout S. Harris

Donghia Furniture & Textiles Schumacher

Jim Thompson Stark Carpets

Kravet Stroheim & Roman

Lee Jofa Travers

ADDITIONAL CREDIT REFERENCES INCLUDING ACCOUNT NUMBERS, ADDRESS, AND PHONE NUMBERS.

BANK REFERENCES:

PLEASE SUBMIT LETTER OF AUTHORIZATION TO BANK ON COMPANY LETTERHEAD.

Name Account #

Address City, State, Zip

Phone # Officer

TERMS:

TYPE OF ACCOUNT: NET 30 DAYS C.O.D. PROFORMA SALES REP: SALES REP#:

Signature (Owner or Authorized Officer of Company) PO Required [] Yes [] No