

# Custom Chenille

11330 Hillguard " Dallas, Texas 75243 " Phone 214-343-0888 " FAX 214-349-8884

## Credit Application

Terms: Net 10 days

Business Name: (Legal) \_\_\_\_\_ (DBA) \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Type of Business:    € Corporation    € Partnership    € Proprietorship

President: \_\_\_\_\_ VP: \_\_\_\_\_ Secretary: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

### Personal Information on Officers, Partners or Owners

Name: \_\_\_\_\_ Social Sec. # : \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Home Address/City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Social Sec. # : \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Home Address/City/State/Zip: \_\_\_\_\_

### Bank Reference

Primary Bank: \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Checking Account Number \_\_\_\_\_

### Trade References

Company 1: \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company 2: \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Authorization and consent, as represented by the signature below of the authorized representative of the company, is hereby given for bank and credit references to release credit information to Custom Chenille Embroidery. All information must be complete and application signed before an account can be opened. Accounts beyond terms will automatically be put on credit hold. There will be a \$30.00 service charge plus bank fees for returned checks.

Business Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_