

# NEW CUSTOMER CREDIT APPLICATION

## COMPANY INFORMATION

COMPANY NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### PLEASE INCLUDE FAX NUMBER FOR ALL REFERENCES

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize Something Different Linen, Inc. to verify any credit information provided by this document. I further authorize our trade references the right to release by telephone, e-mail or fax any information requested by Something Different Linen, Inc. We understand that ANY information obtained will be held in confidence. The requested information will be used solely in assisting and securing credit terms for the applicant.

Credit Privileges are hereby provided for and it is understood and agreed upon approval, the terms of payment are NET 30 DAYS from the date of invoice. If payment is not received within 30 days, the account could be SUSPENDED and NO SALES will be accepted until the account is paid in full. The Purchaser will also be responsible for all incurred expenses should the account be turned over to a collection agency.

**BY MY SIGNATURE BELOW, I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT, AND AGREE TO THE TERMS OUTLINED ABOVE.**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_