



140 58th Street, Unit 7M
Brooklyn, NY 11220
Phone: 718-392-7800
Fax: 718-392-3832

CREDIT APPLICATION

PLEASE FAX BACK TO 718-392-3832

The undersigned company is applying for credit with and agrees to abide by the standard terms and condition outlined below.

Company name _____

Contact person _____

Alternate Contact _____

Address _____

Phone _____ Fax _____

Federal Tax ID or Social Security # _____

Date business established _____

No. of employees _____

Type of business (indicate one)

Retailer Chain Workroom Jobber
 Distributor Manufacturer Decorator

Industry (Check all that are applicable)

Fabric Store Trim & Supply Upholstery Crafts
 Furniture Other: _____

Type of products you will be purchasing _____

Amount of credit requested \$ _____

Are you a:

CORPORATION

State of incorporation _____

PARTNERSHIP

Names and addresses of the partners _____

SOLE PROPRIETORSHIP

Are you sales tax exempt? Yes No

Have you ever had credit with us before? Yes No

If yes, under what name? _____

Authorized purchasers _____

Purchase order required Yes No

FOR INTERNAL USE ONLY

RATING: _____

CREDIT APPROVED BY: _____

CREDIT LIMIT: _____

C.NET

CL.NET

TRADE REFERENCES

Reference #1 Company _____

Contact Person _____

Address _____

Phone _____

Reference #2 Company _____

Contact Person _____

Address _____

Phone _____

Reference #3 Company _____

Contact Person _____

Address _____

Phone _____

BANK REFERENCE

Bank Name _____

Account # _____

Contact Person _____

Address _____

Phone _____

I assert that the information provided is true and is given to extend credit to the applicant. My company and I authorize any such credit investigations as Decotrim, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature _____

Printed name _____

Title _____ Date _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. All bills are due upon receipt, unless different terms have been negotiated with our credit department.
2. A service charge of 2% per month will accrue on all past due invoices.
3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
4. **PERSONAL GUARANTEE:** If the credit customer is a corporation, those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.