

TEXTILE TRIMMINGS

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CONFIDENTIAL CREDIT APPLICATION FORM

Date: _____

BUSINESS INFORMATION:

Business Name		Phone Number	
Trade Name		Fax Number	
Billing Address	City	Province	Postal Code
Company Type (please check one):		Email :	
<input type="checkbox"/> Limited Company <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other		A/P Contact Name: _____	

How did you hear about Textile Trimmings? _____

☐ I/We agree to receive electronic messages from Textile Trimmings containing news, updates and promotions regarding Textile Trimmings and its products and services (Please check mark to consent)

TYPE OF BUSINESS:

(Please check one):

☐ Interior Designer ☐ Retailer ☐ Workroom ☐ Specifier ☐ Decorator ☐ Installer ☐ Manufacturer

☐ Velcro Only ☐ Other - Please Specify: _____

BUSINESS CREDIT

Principal business of applicant	Related businesses, if any	Amount of Credit Requested
Year business established	At present location since	Own or Rent
If PST exempt, please provide Reg. #	Invoice method (please check one): <input type="checkbox"/> Fax <input type="checkbox"/> Email	Is a P.O. # required? _____

ACCOUNT REFERENCES: (Please provide three references)

1. _____		_____		_____
Company Name		Contact		Phone #
Address	City	Prov.	Postal Code	Fax #
2. _____		_____		_____
Company Name		Contact		Phone #
Address	City	Prov.	Postal Code	Fax #
3. _____		_____		_____
Company Name		Contact		Phone #
Address	City	Prov.	Postal Code	Fax #

BANK REFERENCE:

Bank Name	Account #	Bank contact	Phone #
Address	City	Prov.	Postal Code
			Fax #

By signing this Application, I/we hereby authorize Textile Trimmings or its agent to investigate my/our credit status. As part of such investigation, I/we authorize Textile Trimmings to request and obtain consumer credit reports pertaining to me/us in connection with the opening, monitoring, renewal and extension of this and other accounts with Textile Trimmings and the marketing of other products and services to me/us by Textile Trimmings. I/we further authorize Textile Trimmings to share the information so received with Textile Trimmings' affiliates.

In completing this application for credit, I/we hereby agree that all amounts are payable on or before the term reflected on the invoice. If any invoice is not paid on the said date, that invoice will be considered delinquent. I/we further agree to pay a delinquency fee of 2% per month (24% per annum) on any amount which is past due from the term date until paid.

Purchase orders will be accepted as long as no terms other than set forth by Textile Trimmings are included on the purchase order.

All returned checks will be charged an NSF fee of \$25, after which your account may be placed on a Cash in Advance or COD basis.

First Name	Last Name		
Present Home Address	Home Phone #		
City	Prov.	Postal Code	Authorizing Signature

PERSONAL GUARANTEE:

I/we also hereby acknowledge that I/we personally guarantee the debts and obligations of my/our business and agree that I/we am/are personally obligated to perform all of the terms of, and make all payments to Textile Trimmings required by the agreement, of which this application is a part. We recognize that the credit line may increase or decrease at the discretion of Textile Trimmings at any time. I/we further agree that should our account be placed for collection due to non-payment; I/we be responsible for all reasonable collection fees.

All indebtedness to Textile Trimmings is due and payable at its corporate office located at the address on the front of credit application.

Signed	Name & Title
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CREDIT CARD PAYMENT AUTHORIZATION:

Holder Name as it appears on Credit Card: _____	
(Please check one): <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Credit Card Number: _____	Expiry Date: ____ / ____ CVC (3 digits) _____
I, the credit card holder, authorize payment of all invoices from Textile Trimmings on the above credit card	
Authorizing Signature	Date