

DESIGN LAB

Credit Application for Trade Account

| Business contact information | | | |
|---|---------------------------------------|---|---------------------------------|
| Contact name: | | | |
| Phone: | Fax: | E-mail: | |
| Address: | | | |
| City: | | State: | Postcode: |
| In business since: | | EIN #: | |
| Sole trader: <input type="checkbox"/> | Partnership: <input type="checkbox"/> | Limited liability: <input type="checkbox"/> | Other: <input type="checkbox"/> |
| Business and credit information | | | |
| Postal address: | | | |
| City: | | State: | Postcode: |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City: | | State: | Postcode: |
| Business/trade references | | | |
| Company name: | | Company name: | |
| Contact name: | | Contact name: | |
| Address: | | Address: | |
| City: | Postcode: | City: | Postcode: |
| Phone: | | Phone: | |
| Fax: | | Fax: | |
| E-mail: | | E-mail: | |
| Company name: | | | |
| Contact name: | | | |
| Address: | | | |
| City: | Postcode: | | |
| Phone: | | | |
| Fax: | | | |
| E-mail: | | | |
| Agreement | | | |
| <p>1. Any claims arising from invoices must be made within 48 hours of receipt of invoice.</p> <p>2. By submitting this application, you authorise Design Lab to make inquiries into the banking and business/trade references that you have supplied.</p> <p>3. Attach resale certificate to this application.</p> | | | |
| Signatures | | | |
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