

## **CREDIT APPLICATION FORM**

3904 Virginia Ave • Cincinnati, Ohio 45227 • Phone (513) 271-6000 • Fax (513) 271-4420

Company Name							
Principal Owner							
Billing Address							
City					State		Zip
Shipping Addres	S						
City					State		Zip
						_	
Contact Name				Phone			
Email				Fax			
Select zone your	shipp	ing address is located		Commercial		> Resid	ential
Credit Card Number				E	xpiration I	Date	
Cardholder Name				C	redit Card	Brand	
Card Billing Address							
City					State		Zip
Social Security #							
Ownership Status		Corporation Partnership	$\bigcirc$ S	ole Proprieto		Years in	
Business License or		Partnership				Busines	SS
Tax ID#							
Credit Reference	<del>:</del> #1		Cr	edit Referenc	ce #2		
Company			Co	mpany			
Contact			Co	ontact			
Fax			Fa	X			
Credit Reference #3 Credit Reference #4							
Company			Co	ompany			
Contact			Co	ontact			
Fax			Fa	X			
Bank Reference							
Bank Name				Branch			
Contact Name				Fax			
City					State		Zip
Signature of own	ier, par	tner or officer					

These statements have been made for the purpose of obtaining credit. I (We) personally certify they are true and authorize US Fabrics Inc to make a credit investigation and obtain information as necessary to extend credit. I understand and agree to the credit terms for US Fabrics, Inc.: **Net 30 days from date of order.**Payment of US Fabrics Inc. invoices will not hinge on when I (we) receive payment from my (our) customer. 5/09