



CREDIT APPLICATION

PLEASE FAX TO:
707 746 7012 (FAX)
5442 Gateway Plaza Drive
Benicia, CA 94510
707 746 7011 (PHONE)
highenduniforms.com

YOU HAVE 2 OTIONS FOR COMPLETING THIS APPLICATION, PLEASE READ CAREFULLY:

- 1. Simply sign both release authorizations and the terms and conditions and return with your credit info sheet
- 2. Please fill out th form completely

Business Details:

Date of Application: _____ Dunns#: _____

Registered Business Name: _____

Name of Subsidiary or Division (if applicable): _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street or Ship to Address: _____

City: _____ State: _____ Zip: _____

Structure: [] Corporation [] Partnership [] Sole-Proprietorship

Date Established: _____

Names of Individuals, Owners, Partners, Officers:

1. Name _____ Title _____

Home address _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____

2. Name: _____ Title: _____

Home address _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____

3. Accounts Payable Manager: _____

Phone: _____ Fax: _____



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Trade References:

List 3 Principal Trade References (If attaching reference sheet, signature on authorization for release still required.)

Name _____ Account Number _____
Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip: _____

Name _____ Account Number _____
Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip: _____

Name _____ Account Number _____
Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip: _____

Authorization for Release of Trade Account Information:

To Whom It May Concern, This authorizes you to provide High-End Uniforms, Inc. with information they request regarding the status of the above mentioned account.

Signature- Authorized Signer on Account _____ Date _____

Bank Information:

Bank Name: _____ Account Number: _____
Phone: _____ Fax: _____
Address/Branch: _____
City: _____ State: _____ Zip: _____

Authorization for Release Bank Information:

To Whom It May Concern, This authorizes you to provide High-End Uniforms, Inc. with information they request regarding the status of the above mentioned account.

Signature- Authorized Signer on Account _____ Date _____

Terms and Conditions

I authorize you to obtain such information as you may require concerning the statements made in this application and agree that the application, including the information furnished by me, are true and complete and are made for the purpose of obtaining credit. I further agree to submit such additional information concerning my financial status as you request. I also understand that all invoices are payable net thirty(30) from the date of the invoice and that there is a 1.5% per month finance charge, with a minimum \$5.00 service charge on past due accounts. It is understood and agreed that the undersigned will continue to be liable in the event of the sale of the business. If there are any changes in the structure of my company, I will notify High-End Uniforms, Inc. I have read and agree to the terms and conditions of this application.

Signature of Officer or Principal _____ Date: _____

Please Print Name: _____