



## Customer Credit Application

### BUSINESS CONTACT INFORMATION

Company Legal Name:

DBA(s), if any:

If Division/Subsidiary, name of Parent Company:

Years in Business:

State of Incorporation/License:

Sole Proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

Primary Contact Name/Phone:

A/P Contact Phone:

Primary Business Address:

Years at Current Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail:

AZ Transaction Privilege License:

Bank Name:

Bank Contact Name:

Bank Address:

Phone:

City:

State:

Zip Code:

Type of account(s):

Account Number(s):

### BUSINESS/TRADE REFERENCES

Company name:

ADDRESS:

City:

State:

Zip Code:

Phone:

Email:

Type of Account:

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Type of Account:

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Type of Account:

### AGREEMENT

1. Applicant hereby certifies that the information provided herein is true and accurate. For the purposes of establishing credit. Applicant hereby authorizes all creditors and financial institutions listed herein to release any and all relevant information to STAR WINDOW COVERINGS, LLC. Authorization granted herein is inclusive of all sources of credit and/or confidential information deemed necessary by STAR WINDOW COVERINGS, LLC to complete their credit investigation.
2. STAR WINDOW COVERINGS, LLC reserves the right to deny credit or withdraw credit at any time from Applicant, at STAR WINDOW COVERINGS, LLC' sole discretion.
3. In the event of collection or legal action by STAR WINDOW COVERINGS, LLC to collect unpaid balances, Applicant hereby agrees to pay all costs of collection, including reasonable attorney fees.

### SIGNATURES

Signature:

Title:

Date:

Signature:

Title:

Date: