

Accessory Match, Inc.

CREDIT APPLICATION

Welcome to Accessory Match Inc. All financial information will remain strictly confidential

Company Name: _____ Yrs. In Business: _____

Address: _____

City: _____ State: _____ ZIP Code: _____ Phone: _____

Shipping (Street) Address: _____

City: _____ State: _____ ZIP Code: _____ Phone: _____

Principals of the company or officers of the Corporation

Name: _____ Title: _____ SS# _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____ Phone: _____

Name: _____ Title: _____ SS# _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____ Phone: _____

Trade References

1.) Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Fax: _____

Account # _____ Attn: _____ ZIP Code: _____

2.) Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Fax: _____

Account # _____ Attn: _____ ZIP Code: _____

Bank Information

Bank Name: _____ Account # _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Bank Contact: _____ Title: _____ Fax: _____

I certify that all the information stated on this application is correct and accurate

Signature: _____ Title: _____ Date: _____