



LIBERTY VALANCE & BLINDS, INC

59-05 56TH STREET

MASPETH, NY 11378-3107

PHONE: (718) 486 – 6998

FAX: (718) 486 – 8143

EMAIL: libertyvalanceinc@gmail.com

NEW ACCOUNT FORM

BILLING / SHIPPING INFORMATION

COMPANY NAME:

BILLING ADDRESS

SHIP TO ADDRESS *(If different from billing)*

CITY:

CITY:

STATE / ZIP:

STATE / ZIP:

CONTACT:

CONTACT:

BUSINESS PHONE:

BUSINESS PHONE:

CELL PHONE:

CELL PHONE:

FAX:

FAX:

E-MAIL:

E-MAIL:

WEBSITE:

WEBSITE:

RESALE CERTIFICATE NUMBER:



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AUTHORIZATION TO RELEASE CREDIT INFORMATION

Date: ____/____/____

Bank: _____

Account Name: _____ Account Number: _____

As holder of the above listed account, I (we) hereby authorize and request that a report detailing my (our) credit history be forwarded as soon as possible to LIBERTY VALANCE & BLINDS, INC.

Please be advised that this letter serves as my (our) authorization for the release of my (our) credit history information. Thank you for your cooperation in this matter.

Account Holder's Signature _____

FOR BANK USE ONLY

To Whom It May Concern:

Your account, listed above, has authorized release of the following information. Please take a few moments to service them by filling out this credit inquiry.

Date of Account Setup: _____ Loan Experience
Account Type: _____ Original Amount: _____
Account Balance: _____ Balance: _____ Payment Prompt? _____
Does Account have a History of NG Checks? Secured: _____ Unsecured: _____
YES: _____ NO: _____
Number of NG Checks: _____
Authorized Signature: _____ Date: _____

All information provided will be held in the strictest of confidence. We thank you for your time and assistance.

Sincerely,

LIBERTY VALANCE & BLINDS, INC.

(Credit Department)



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CONFIDENTIAL BUSINESS CREDIT APPLICATION

Company Name:			
Type of Business:		Years Established:	
Business is Operated From:	<input type="checkbox"/> Commercial Establishment	<input type="checkbox"/> Showroom	<input type="checkbox"/> In-Home
Legal Entity is:	<input type="checkbox"/> Corporate (State _____)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor

OWNERS & OFFICERS	1	2	3	4
Names (First, Last)				
Street Address				
City, State, Zip				
Title				

TRADE REFERENCES	1	2	3
Company			
Account No.			
Address (Include Zip)			
Phone Number			

BANK REFERENCES

Bank	Account Number	Address (Include Zip)	Phone Number
1.			
2.			



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Please reply via FAX (718) 486 – 8143 or EMAIL: libertyvalanceinc@gmail.com

DATE:	NO. OF PAGES FAXED:
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ATTENTION	REGARDING ACCOUNT
CONTACT:	NAME:
	ADDRESS:
FAX:	

The account listed above has applied for a line of credit with our company. Please provide us with the subsequent confidential information.

CHECK MANNER OF PAYMENT

- | | |
|---|--|
| <input type="checkbox"/> DISCOUNTS | <input type="checkbox"/> ACCEPTS C.O.D'S PROMPTLY |
| <input type="checkbox"/> PROMPT & SATISFACTORY | <input type="checkbox"/> SETTLES BY TRADE ACCEPTANCE |
| <input type="checkbox"/> PROMPT TO _____ DAYS SLOW | <input type="checkbox"/> NOTES PAID AT MATURITY |
| <input type="checkbox"/> PAYS ON ACCOUNT | <input type="checkbox"/> ACCOUNT SECURED |
| <input type="checkbox"/> REQUESTS ADDITIONAL TIME | <input type="checkbox"/> COLLECTED BY ATTORNEY |
| <input type="checkbox"/> SLOW BUT COLLECTABLE | <input type="checkbox"/> IN HANDS OF ATTORNEY |
| <input type="checkbox"/> SLOW & UNSATISFACTORY | <input type="checkbox"/> _____ |
| <input type="checkbox"/> PLEASE CHECK THIS BOX IF NO EXPERIENCE WITHIN A YEAR | |

SOLD FROM: _____

SOLD TO: _____

TERMS: _____

CREDIT LIMIT: \$ _____ LARGEST AMT. RECENTLY OWING: \$ _____

TOTAL AMT. CURRENTLY OWING: \$ _____ AMT. PAST DUE: \$ _____

TERMS: _____

RECENT TREND TOWARDS: PROMPTNESS SLOWNESS _____ DAYS

ADDITIONAL COMMENTS:

SIGNED:	DATE:
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