

McCubbin Hosiery, LLC

5310 NW 5th Street, Oklahoma City, OK 73127 | P.O. Box 271258, Oklahoma City, OK 73137

(405)236-8351 ph | 1-800-654-3201 | (405)236-8389 fx

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| **Application for Net 30-Day Credit Account and Personal Guarantee of Payment** | | | | | |
| Business Contact Information | | | | | |
| Company name: | | | | | |
| Phone: | | | Fax: | | |
| Email: | | | Website: | | |
| Billing Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Shipping Address (if different): | | | | | |
| City: | | | State: | | ZIP Code: |
| Business and Credit Information | | | | | |
| Registered Business Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| How long at current address? | | | | | |
| Telephone: | Fax: | | E-mail: | | |
| Date business commenced: | | | | | |
| Sole proprietorship: | Partnership: | | Corporation: | | Other: |
| Owner Name: | | SSN: | | DOB: | |
| Federal Tax ID# | | | Sales Tax ID# | | |
| Bank name: | | | | | |
| Bank address: | | | Phone: | | |
| City: | | | State: | | ZIP Code: |
| Type of account: | Account number: | | | | |
| Savings |  | | | | |
| Checking |  | | | | |
| Other |  | | | | |
| Business/trade references | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |

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| --- | --- | --- | --- |
| Business/Affiliated entitites | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| If in business for one year or less, please describe your experience in children’s wear or retail sales: | | | |
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| Agreement | | | |
| I hereby authorize all references listed, including banks, to release any and all information pertaining to my account. I hereby agree to pay in full within the prescribed terms of sale, Net 30, and understand accounts past due 31 days from invoice date will be subject to a monthly service charge of 1 ½%. I further agree to pay any and all legal fees as well as interest accrued if necessary to collect. I also personally guarantee the payment of all debts by the above-named business to McCubbin Hosiery, LLC. | | | |
| Signatures | | | |
| Print Name:  Title:  Date: | | Print Name:  Title:  Date: | |