

Sundance Window Covering

5507 NORTH PECK ROAD, ARCADIA CA 91006 TEL: (626) 618-7000 FAX (626) 618-7003

CREDIT APPLICATION

CUSTOMER NAME: _____

ADDRESS: _____
STREET CITY ZIP

PHONE: _____ FAX: _____

RESALE PERMIT #: _____ DATE STARTED: _____

DUNN & BRADSTREET #: _____ NATURE OF BUSINESS: _____

TYPE OF BUSINESS: (check one please)

CORPORATION: _____ SUBSIDIARY: _____ PARTNERSHIP: _____ LLC: _____ SOLE PROPIETORSHIP: _____

TAX ID #: _____ SOCIAL SECURITY #: _____ DRIVER LICENSE #: _____

OFFICERS AND PARTNER (S) _____ NAME _____ TITLE _____

1 _____

2 _____

3 _____

AMOUNT OF CREDIT DESIRED \$ _____ ESTIMATE MONTHLY PURCHASES: _____

NAME OF BANK: _____ BRANCH: _____ FAX: _____

ADDRESS: _____
STREET CITY ZIP

CHECKING ACCT #: _____ SAVINGS ACCT #: _____

AUTHORIZATION FOR BANKS AND CREDIT SERVICES RELEASE INFORMATION

I authorize release of my credit information to a service agency for the purpose of establishing an account with Décor Solution Enterprises DBA Sundance Window Coverings.

By signing, I (We) ask that an account to be opened for Myself/Company. In the event an account is opened for Myself/Company I (We) agree to the following terms and conditions:

- ⇒ If the account becomes delinquent, creditor reserves the right to accelerate and demand payment of the balance in full, together with all the accrued interest, late charges and costs of collection.
- ⇒ In the event of default, the undersigned officer(s) agree to be jointly and severally liable for all amounts due therein, and I (We) agree to pay all reasonable attorney's fees and cost incurred by creditor to collection all amounts due.

Signature (Authorized agent only) _____ Title _____ Date _____

CREDIT REFERENCES

1.NAME: _____ CONTACT: _____ ACCOUNT#: _____

PHONE#: _____ FAX#: _____

ADDRESS: _____
STREET CITY ZIP

2. NAME: _____ CONTACT: _____ ACCOUNT#: _____

PHONE#: _____ FAX#: _____

ADDRESS: _____
STREET CITY ZIP

3. NAME: _____ CONTACT: _____ ACCOUNT#: _____

PHONE#: _____ FAX#: _____

ADDRESS: _____
STREET CITY ZIP

4. NAME: _____ CONTACT: _____ ACCOUNT#: _____

PHONE#: _____ FAX#: _____

ADDRESS: _____
STREET CITY ZIP

The above statements are certified to be correct and are submitted in support of, and as part of, this credit application for the purpose of securing line of credit with Sundance Window Coverings. It is agreed that any material misstatements made herein will be sufficient ground for revocation of any line of credit extended by Décor Solutions Enterprises DBA Sundance Window Coverings.

Principal's Signature: _____ Title: _____ Date: _____