



130 Preamble Court, Anderson, SC 29621
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www.marleighwindowfashions.com

CREDIT APPLICATION

Name of Firm: _____ Tax Reale no. _____
Street: _____ Phone: _____
Street: _____ Fax: _____
City, State, Zip: _____ Years in Business: _____

How did you hear about Marleigh? _____

Type of Business: Designer Retailer Contractor Architect Other:
Legal Entity: Corporation Partnership Sole Proprietorship Other:

Owners/Officers:

Name: _____ Name: _____
Title: _____ Title: _____
Phone: _____ Phone: _____

Annual Sales Volume: _____ Total Sales Force: _____
Principal Bank: _____ Account No. _____
Branch: _____ Phone/FAX: _____
Full Address: _____
Contact at Bank: _____

Please provide Social Security Number for Primary Business Owner. _____

Please provide four trade references. (Primary Contact, Business Name, Phone and Account number)

1. _____
2. _____
3. _____
4. _____

I represent that the above information is true and correct and is being given to authorize Marleigh Window Fashions to make credit inquiries as necessary, including contacting the above trade references, banks as well as obtaining credit reports. Additionally, my company and I authorize all trade references, banks and credit reporting agencies to disclose to Marleigh Window Fashions any and all information concerning the financial and credit history of my company and/or myself.

Signature: _____ Title: _____
Print Name: _____ Date: _____