



ACCOUNT INFORMATION & CREDIT APPLICATION

For Sale of Goods and Services
For Commercial Resale Use Only

619 Warwick St • Roanoke, VA 24015 • Ph (540) 343-1260 Fax (540) 343-6400

OFFICE USE

Sales _____
App By _____
Date _____
Terms _____
CL _____

ACCOUNT INFORMATION

Applications must be signed by the owner, partner, or a corporate officer. See reverse side for terms and conditions.

Business Name _____ Phone No. (_____) _____ Fax No. (_____) _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Email: _____

Please Check One [] Proprietorship [] Partnership [] Corporation [] LLC

Type Of Business [] Frame Shop [] Photographer [] Distributor [] Gallery [] Other _____

Federal I.D. # _____ Years in business under this ownership, at this location _____

Principals or Owners & Home Info:

1) Name _____ Title _____ Home Phone (_____) _____

Home Address _____ City _____ State _____ Zip _____

SSN: _____

2) Name _____ Title _____ Home Phone (_____) _____

Home Address _____ City _____ State _____ Zip _____

SSN: _____

Bank Name _____ Bank Phone No (_____) _____

Bank Manager _____ Checking Account No _____

CREDIT APPLICATION - Please fill out this section only if you wish to apply for Terms.

Trade References: Please list four suppliers within the picture frame industry with whom you do business on an open account basis.

1) Name _____ Contact _____ Acct # _____

Address _____ City _____ State _____ Zip _____

Phone No (_____) _____ Fax No (_____) _____

2) Name _____ Contact _____ Acct # _____

Address _____ City _____ State _____ Zip _____

Phone No (_____) _____ Fax No (_____) _____

3) Name _____ Contact _____ Acct # _____

Address _____ City _____ State _____ Zip _____

Phone No (_____) _____ Fax No (_____) _____

4) Name _____ Contact _____ Acct # _____

Address _____ City _____ State _____ Zip _____

Phone No (_____) _____ Fax No (_____) _____

