



IMAGE APPAREL SOLUTIONS

860 Chaddick Drive, Unit E Phone: (847) 229-2000
Wheeling, IL 60090 Fax: (847) 229-2001
renee@image-apparel-solutions.com

CUSTOMER CREDIT APPLICATION

Application will not be processed if not completed in full ** Credit limit requested \$ _____

COMPANY NAME _____ PHONE () _____ - _____

EMAIL ADDRESS _____ FAX () _____ - _____

DIVISION OF _____

MAILING ADDRESS _____
(Street) (City) (State) (Zip)

SHIPPING ADDRESS _____
(If different) (Street) (City) (State) (Zip)

How long at this address? _____ yrs. Is shipping address a residence? Yes _____ No _____

Federal Tax Number _____ Sales Tax Status: Taxable _____ Exempt # _____

ASI # _____ PPAI # _____ Exempt _____ State _____

This company is a Corporation _____ Proprietorship _____ Partnership _____ S-Corporation _____

Nature of Business _____ Kind of Business: Wholesaler _____ Retailer _____

Date business started _____ Distributor _____ Other _____

President or Partner _____ Year with company _____

Accounts Payable Contact _____ () _____ - _____ Fax _____
email: _____

Purchasing Agent Contact _____ () _____ - _____ Fax _____
email: _____

Customer Type Primary _____ Secondary _____ Location Specific _____

BANK REFERENCE:

Name/Address _____

Phone () _____ - _____ Fax () _____ - _____

Account Number _____ Contact Officer _____

TRADE REFERENCE: Standard form/reference sheet may be submitted
(Be sure to include complete mailing address, zip codes, telephone, and fax numbers)

Name	Acct#	Tel#	Fax#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT hereby applies for credit on 30-DAY TERMS. The undersigned agrees for APPLICANT and also personally and individually that (1) All purchases will be paid for by the above mentioned company on or before the due date; (2) Any payments not made as agreed herein shall bear interest at the rate of 1.5% per month from the due date until paid; (3) In the event of default of payment of any amount due hereunder and this account is placed with an agency or attorney for collection or legal action. APPLICANT to pay additional sum equal to collection costs, attorney's fees, court costs, and all such fees as may be incurred and permitted under the laws governing those transactions; and (4) This agreement shall be construed and enforced under applicable state and local laws.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(Must be owner or officer of corporation)

Please fax this completed form with credit application to: (847) 229-2001