



in style. in fashion.
inside your home.

Application For Credit

Name of Firm				Phone	
DBA				Fax	
Address				Resale No.	
City		State		Zip	
				Years in Business	

Legal Structure	Sole Proprietorship	Partnership	Corporation
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Owners Name				Phone	
Address				S.S. No.	
City		State		Zip	
				Years at Residence	

Partners Name				Phone	
Address				S.S. No.	
City		State		Zip	
				Years at Residence	

Bank Information

Name of Bank				Phone	
Address				Fax	
City		State		Zip	
				Account No.	
Contact Person				Date Opened	

Trade References

Name of Firm				Phone	
Address				Fax	
City		State		Zip	
				Account No.	
Contact Person				Date Opened	

Name of Firm				Phone	
Address				Fax	
City		State		Zip	
				Account No.	
Contact Person				Date Opened	

Name of Firm				Phone	
Address				Fax	
City		State		Zip	
				Account No.	
Contact Person				Date Opened	

The above information is warranted to be true, and is given for the purpose of obtaining credit information for the above applicant. In consideration of the said extension of credit, the applicant, and the undersigned individually, jointly, and severally agree to pay all invoices for purchases made by the applicant within the invoice terms. The undersigned individually represents to **Privilege International, Inc.** that each of the undersigned is either an owner, stockholder, partner, officer, agent, or director of the applicant, and the undersigned agrees that in the event of a legal action be instituted to effect collection of any unpaid balance pertaining to the account of the applicant, that the applicant and undersigned individually, jointly, and severally, agree to pay **Privilege International, Inc.** all cost of collections, court costs, agency fees, and reasonable attorney fees. The applicant hereby authorizes their bank to release account information to **Privilege International, Inc.** This information will be held in the strictest confidence, and is used solely to establish, and maintain an open line of credit with **Privilege International, Inc.**

Applicant Signature: _____ Title: _____ Date: _____

Print Name: _____ Email Address (Optional): _____

Privilege International, Inc.
Attn: Credit Department
2419 East Firestone Blvd.
South Gate, CA 90280