

1505 SANTA ANITA, SOUTH EL MONTE, CA 91733



TEL: 626-279-9883

FAX: 626-279-5281

CREDIT APPLICATION

COMPANY NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	FAX:	EMAIL:	

COMPANY INFORMATION

TYPE OF BUSINESS	SOLE OWNER:	PARTNERSHIP:	CORPORATION:
OWNER'S NAME:			
SELLER'S PERMIT NO.:		FED TAX ID NO.:	
D&B NO.:		BUSINESS SINCE:	

OWNER (S)/PARTNERS/CORPORATE OFFICERS

NAME/TITLE	ADDRESS/PHONE NO.	SSN

BANK REFERENCE

BANK NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:		FAX:	
ACCOUNT NO.:			

BUSINESS REFERENCES OR SUPPLIER (THREE)

COMPANY	ADDRESS	PHONE

Orchid Apparel terms are NET 30 days, FOB our warehouse with factor approval. Prior authorization required on returns. No returns on special-order items and samples. Any merchandise that has been printed, embroidered, or decorated will not be accepted as returns. All returns subject to 15% restocking charge. Any claims regarding merchandise must be made within 10 days upon receipt. 1.5% per month late charge on accounts over 30 days. It is understood that when payment is not met according with agreed terms, all orders will be held from manufacturing and shipping. If legal action is required for collection of invoice, customer is responsible for costs of collection thereof, including attorney's fees on all delinquent amounts. I, The undersigned, acknowledge the terms of sale and I hereby authorize my creditors and my bank of record to release information regarding my account (s) to Orchid Apparel, llc.

Personal Guarantee

If it become necessary to erect legal action to collect this account, the signing party herein personally guarantees and holds himself (herself) personally liable for the corporate obligation and pledges personal responsibility for all obligations incurred. I (WE) certify that the above information is true and correct, and that I (WE) can and will comply with your terms and conditions.

NAME:		TITLE:	
SIGNATURE:		DATE:	