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APPLICATION FOR CREDIT

Date of Application _____

Business Name _____ Date Started _____

Complete Address: _____

Telephone Number: _____

Email: _____

Name of Owner (or Officers if corporated)

PLEASE CHECK ONE BOX

- Sole Proprietorship
- Partnership
- Corporation

Bank Name & Address _____

Bank Phone No. _____ Bank Acc't No. _____

Name and Complete Address of Current Suppliers - Telephone and Account Numbers **MUST** also be given.

1. Account # _____ 2. Account # _____

Telephone _____ Telephone _____
Fax _____ Fax _____

3. Account # _____ 4. Account # _____

Telephone _____ Telephone _____
Fax _____ Fax _____

It is the policy of the company to require an update of all Credit Applications every year.
It is agreed that My/Our account may become Credit Card (without being notified) if I/We fail to pay within the stated terms. I warrant that the foregoing information is true and correct and realize it will be relied upon in the granting of future credit.

AUTHORIZED SIGNATURE