

# calvinfabrics

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## SECTION I - ACCOUNT APPLICATION

Business Name _____	Date Established _____
Billing Address _____ # _____	Phone # _____
City _____ State _____ Zip Code _____	Cell # _____
Street Address _____ # _____	Fax # _____
City _____ State _____ Zip Code _____	Resale # _____
Type of Business _____	Business Lic # _____
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
General E-mail Address _____	
Name of Owner/President _____	
Home Address _____	Home Phone # _____
City _____ State _____ Zip Code _____	

## SECTION II - CREDIT APPLICATION (IF APPLYING FOR OPEN TERMS)

<u>BUSINESS NAME</u>	<u>ACCT NUMBER</u>	<u>BUSINESS NAME</u>	<u>ACCT NUMBER</u>
<input type="checkbox"/> Brunshwig & Fils	_____	<input type="checkbox"/> Kravet Fabrics	_____
<input type="checkbox"/> Cowtan & Tout	_____	<input type="checkbox"/> Pindler & Pindler	_____
<input type="checkbox"/> Donghia Textiles	_____	<input type="checkbox"/> Robert Allen	_____
<input type="checkbox"/> Duralee Fabrics	_____	<input type="checkbox"/> Schumacher	_____

  

<u>BUSINESS NAME</u>	<u>ACCT NUMBER</u>	<u>PHONE NUMBER</u>	<u>FAX NUMBER</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

  

Bank Name _____	Phone # _____
Address _____	City _____ State _____ Zip Code _____
Type of Account _____	Account Number _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. It is further agreed that the undersigned will pay collection expenses, including attorney's fees, which may become necessary to effect collection of this account.

Authorized Signature / Title \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_