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PRO FORMA APPLICATION FOR A BUSINESS ACCOUNT

REQUIRED FIELDS ARE MARKED WITH AN ASTERISK, AND MUST BE FILLED OUT FOR APPLICATION TO BE ACCEPTED.

BUSINESS CONTACT INFORMATION

* Business Name

* Resale Number:

Federal ID or SSN
if Sole Proprietorship:

* Phone:

Fax:

* E-mail:

Cell phone:

*Website:

* Billing address:

* City:

* State:

* ZIP Code:

Shipping address if different:

City:

State:

ZIP Code:

Date business commenced:

Sole Proprietorship / Partnership / Corporation / Other:

BUSINESS AND CREDIT INFORMATION

Primary business address if different:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

Accts Payable E-mail:

BUSINESS/TRADE REFERENCES

Firm: **Kravet**

Acct #:

Firm: **Cowtan & Tout**

Acct #:

Firm: **Donghia**

Acct #:

Firm: **Robert Allen**

Acct #:

Firm: **Osborne & Little**

Acct #:

Firm: **Romo**

Acct #:

Alternative manufacturers you purchase from:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. The undersigned certifies that the information provided to be true. It is further agreed that the undersigned will pay collection expenses and any associated legal fees that may become necessary to effect collection of this account.
2. Your signature also acknowledges that you have read our terms and conditions and agree to follow said terms and conditions with no exception.
3. Information provided is solely for the purpose of establishing a prepaid account and no inquiries will be made unless authorized by you to establish terms.
4. *****PLEASE NOTE THAT THE RESALE(S) CERTIFICATES PROVIDED MUST MATCH THE NAME AND ADDRESS LISTED ON THE CREDIT APPLICATION FOR ACCEPTANCE.**

SIGNATURE

* **Authorized Signature:**

* **Title:**

* **Print Name:**

* **Date:**