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2826 Frankford Ave, Philadelphia, PA 19134
500C State Rd, Bensalem, PA 19020
320 S. Governor Printz Blvd, Lester, PA 19029

CREDIT LINE AMOUNT _____ DATE _____

1) LEGAL NAME _____

2) TRADE NAME (IF ANY) _____ ZIP _____

3) ADDRESS _____ CITY _____ STATE _____

4) BUSINESS PHONE _____ BUSINESS FAX _____ CELL PHONE _____

5) EMAIL _____

6) INVOICE/STATEMENT PREFERENCE: EMAIL / USPS (CIRCLE ONE)

7) TYPE OF BUSINESS: CORPORATION ___ PARTNERSHIP ___ INDIVIDUAL PROPRIETORSHIP ___ LLP ___ LLC ___

DUNS# _____ DO YOU REQUIRE PURCHASE ORDER NUMBERS? Y ___ N ___

ARE YOU EXEMPT FROM SALES TAX? Y ___ N ___ IF SO, PLEASE INCLUDE A TAX EXEMPTION CERTIFICATE.

PRINCIPALS OR OWNERS:

1) NAME _____ HOME ADDRESS _____

BUSINESS TITLE _____ HOME PHONE _____ S.S.# _____

2) NAME _____ HOME ADDRESS _____

BUSINESS TITLE _____ HOME PHONE _____ S.S.# _____

3) NAME _____ HOME ADDRESS _____

BUSINESS TITLE _____ HOME PHONE _____ S.S.# _____

BANK REFERENCE:

NAME _____ ACCOUNT NO. _____

ADDRESS _____

NAME _____ ACCOUNT NO. _____

ADDRESS _____

TRADE REFERENCE:

1) SUPPLIER NAME & ADDRESS _____

CONTACT _____ PHONE _____ FAX _____

2) SUPPLIER NAME & ADDRESS _____

CONTACT _____ PHONE _____ FAX _____

3) SUPPLIER NAME & ADDRESS _____

CONTACT _____ PHONE _____ FAX _____

I/We certify that the above information is true and correct and I/we agree to pay this account in accordance with your credit terms.

I/We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency.

I/We understand that all past-due balances will be subject to a 2% per month service charge. I/We further agree to pay 25% collection charge in the event of default, if the account is placed with an attorney or bonded collection agency.

SIGNED _____ POSITION _____

SIGNED _____ POSITION _____

PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS

In consideration for the credit extended to the above, the undersigned hereby guarantees to be personally liable for all indebtedness incurred by the corporation. I/We further agree to pay a 25% collection charge in the event of default, if the account is placed with an attorney or bonded collection agency. I/We authorize you to verify this information and/or obtained additional information by securing data from a credit reporting agency. I/We understand that all past-due balances will be subject to a 2% per month service charge.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

The use of my corporate title is only to identify my position in the company and in no way negates my personal guarantee.

Please email completed application to diane@wmbetz.com or fax to 215-637-8020