

The Import Collection, Inc.

14620 Keswick Street ✦ Van Nuys, CA 91405 ✦ Tel: 818-782-3060 Fax: 818-782-1197

CREDIT APPLICATION

TODAY'S DATE		Estimated Credit Requested \$	
Business Legal Name:			
DBA:	Phone:	Fax:	
Street Address:			
City:	State:	Zip:	
TYPE OF BUSINESS:			
Type of Organization (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual or Sole Proprietor			
Name & Home Address of Corporate Officers or Proprietors/Owners:			
<u>NAME</u>	<u>TITLE</u>	<u>% OWNERSHIP</u>	<u>SINCE</u>
1. _____			
Home Address: _____			
2. _____			
Home Address: _____			
Number of Years In Business:	State of Incorporation:	Date Incorporated:	Resale #
Business Federal ID # or SS # of Principal Owner:			
Do You Use Purchase Orders?	Name of Authorized Persons:		
Annual Sales Amount \$			
TRADE REFERENCES (Current and Active Accounts Only)			
1. Name:		Tel:	Fax:
Street Address:		Contact:	
City:	State:	Zip:	
2. Name:		Tel:	Fax:
Street Address:		Contact:	
City:	State:	Zip:	
3. Name:		Tel:	Fax:
Street Address:		Contact:	
City:	State:	Zip:	
<i>DEPENDING ON CREDIT CHECK, FINANCIAL STATEMENTS MAY BE REQUIRED.</i>			
For all credit lines over \$5,000, attach latest business financial statements.			
For credit lines over \$8,000, please also attach personal financial statements of principal owner.			
PRINCIPAL BANK REFERENCES			
1. Bank:		Account #:	Tel:
Address:		Contact:	Fax:
2. Bank:		Account #:	Tel:
Address:		Contact:	Fax:
The above information is submitted for the purpose of obtaining credit from The Import Collection, Inc. (TIC) and is warranted to be true. Applicant's signature attests to financial responsibility, ability and willingness to pay all invoices in accordance with invoice terms.			
TERMS OF PAYMENT: All invoices are due and payable Net 30 Days. A monthly late charge of 1.5% will be assessed on any outstanding balance remaining unpaid 30 days after invoice date.			
AUTHORIZATION: I/we authorize The Import Collection to request all necessary financial information from the banking and trade references listed above. I/we authorize the banking and trade references to accept copies of this application if requested as authorization to release financial and credit information on the account(s) named. I/we understand The Import Collection's credit terms, and agree to and guarantee the proper payment in consideration of extended credit.			
PLEASE NOTE: Application Must Be Signed By Corporate Officer, Partner, or Owner/Sole Proprietor.			
AUTHORIZED SIGNATURE:		TITLE:	
PLEASE PRINT NAME:		DATE SIGNED:	

INCOMPLETE INFORMATION MAY DELAY PROCESSING OF APPLICATION