Three Friends LLC ~ PO Box 14156 ~ North Palm Beach, Florida 33408
1-855-953-3705 ~ Fax 1 844 569 4339
Bridget@threefriendsapparel.com

CREDIT APPLICATION for 30-day account.

The following information can be submitted for consideration as a basis for the extension of credit.

Store Name:_____ DBA:_____
Street Address:_____
City, State, ZIP_____
Date store opened:_____ Phone:_____ Fax:_____
Email Address:_____ Website:_____
Owners Name:_____ _____
Address:_____
City, State, Zip_____

Type of Ownership
Proprietorship____ Partnership_____ Corporation_____ LLC_____

Bank References: Please list Bank Name, Acct Number, Contact and Telephone. Type of Account Checking ( ) Savings ( ) Other ( )

(1)_____

(2)_____

(3)_____

Trade References: Please list Firm Name, City/State Telephone and type of business.

(1)_____

(2)_____

(3)_____

Please list Other Affiliated stores: Name and Address:

I herby authorize all references listed, including banks, to release any and all information pertaining to by account. I hereby agree to pay in within the prescribed terms of sale, Net 30 and understand accounts past due 31 days from the invoice date will be subject to a service charge of one percept (1%) per month. I also agree to pay any and all legal fees, as well as interest accrued if necessary to collect.

Signature: _____ Date: _____