



ANNA

CATE

NEW CREDIT APPLICATION

Company Legal Name _____ DBA _____

Billing Address :

Shipping Address:

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Legal Status

Corporation Sole Proprietor Partnership LLC

Date Business Opened _____ Date Incorporated _____ State of Incorporation _____

Federal Tax ID # _____ Named Officer _____ Title Owner _____

Address _____ Alternate Phone Number of Named Officer _____

City _____ State _____ Zip _____ e-Mail Address of Named Officer _____

Apparel Industry Credit References

(Minimum of Two or Please Call)

Bank Information

Bank Name _____ Contact Person _____

Address _____ Phone Number of Contact Person _____

City _____ State _____ Zip _____ DUNS # _____

(I authorize bank to release information to Anna Cate Collection- see signature below)

General Information

Credit Line Requested _____ Accounts Payable Contact _____

Accounts Payable e-Mail Address _____ Accounts Payable Phone Number _____

I have read and agree to all terms, prices, and policies as detailed on the Anna Cate Collection price list. I recognize that these terms, prices, and policies are subject to change by Anna Cate Collection without notice. I understand that if a credit account is established, that credit status is subject to review. Shipments may be withheld or cancelled if my account is delinquent or if purchases exceed an established line of credit. I hereby state that the information included in this application is correct to the best of my knowledge. I understand that the above information is given in confidence for the purposes of obtaining credit and I authorize the release of banking information relevant to making the decision to establish a line of credit.

Financially Responsible Party/Officer _____ Date _____