

# A-1 Textiles & Hospitality Products

PO Box 5259, Chatsworth, CA 91313

(800) 351-1819 Toll Free

(800) 453-0952 Fax Toll Free

Website: [www.a1textiles.com](http://www.a1textiles.com)

**TO AVOID ANY DELAY IN PROCESSING YOUR CREDIT APPLICATION, PLEASE COMPLETE ALL AREAS.**

**CREDIT APPLICATION** Please fill in form completely. Have officer/owner sign, and return to A-1 Textiles. Your information will be held in confidence.

Company Name \_\_\_\_\_

Buyer/Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Name(s)/Owners/Partners/Principals/Parent Co \_\_\_\_\_ Home Phone \_\_\_\_\_

How Many Years Owned \_\_\_\_\_ # of Rooms \_\_\_\_\_

Business Entity:  Proprietorship  Partnership  Corporation – Incorporated in the State of \_\_\_\_\_

Type of Business  Health Club  Hotel  Country Club/Resort  Retail  Other

Resale No. (if applicable) \_\_\_\_\_ Requested Credit Line \_\_\_\_\_

**TRADE REFERENCES** I, the undersigned, by my signature below, hereby authorizes A-1 Textiles to acquire credit information on my company.

## CHEMICAL SUPPLIER:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Acct# \_\_\_\_\_

## OTHER:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Acct# \_\_\_\_\_

## OTHER:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Acct# \_\_\_\_\_

## FOR A-1 TEXTILES INTERNAL USE ONLY

Date Open \_\_\_\_\_ High \_\_\_\_\_ Bal. \_\_\_\_\_

Terms \_\_\_\_\_ How Paid \_\_\_\_\_

Verified by \_\_\_\_\_

Date Open \_\_\_\_\_ High \_\_\_\_\_ Bal. \_\_\_\_\_

Terms \_\_\_\_\_ How Paid \_\_\_\_\_

Verified by \_\_\_\_\_

Date Open \_\_\_\_\_ High \_\_\_\_\_ Bal. \_\_\_\_\_

Terms \_\_\_\_\_ How Paid \_\_\_\_\_

Verified by \_\_\_\_\_

## BANK REFERENCE:

Bank \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Checking Acct No. \_\_\_\_\_

Loan Acct No. \_\_\_\_\_

## FOR A-1 TEXTILES INTERNAL USE ONLY

Date Open \_\_\_\_\_ Average Bal. \_\_\_\_\_

Loan Date Open \_\_\_\_\_ High \_\_\_\_\_ Bal. \_\_\_\_\_

Terms \_\_\_\_\_ How Paid \_\_\_\_\_

Verified by \_\_\_\_\_

## Authorization

I authorize the above financial institution to release information about my account relationship to A-1 Textiles.

Account Holder Signature \_\_\_\_\_

## GUARANTEE OF PAYMENT AND ACCEPTANCE OF TERMS

In consideration of your extending credit, the Terms and Considerations of Sale as set forward in your shipping documents and invoices are hereby accepted. Standard terms are Net 10 days from date of invoice. The undersigned further agrees that any portion of the invoice amount which has not been paid within 30 days of the invoice will accrue a service charge of 1.5% of the past due balance, or an annual percentage rate of 18%.

By \_\_\_\_\_

Officer's Signature

Title

Social Sec # (if sole proprietor)

Date

Print Name \_\_\_\_\_

**This application must be signed by an officer/owner/partner of the company.**