



GOLDEN LACES

CREDIT APPLICATION

1. Billing/ Shipping Information

Official Company Name _____

Bill to:

Ship to: (if different)

Main Phone _____ Main Fax _____

2. Business Information

Check one:

(____) Corporation (____) Partnership (____) Subsidiary of or (____) Division of _____

Years in Operation _____ Type of Business _____

D&B# _____ *Please provide us with copies of all tax exemption certificates*

President/CEO _____

Email _____ Phone Number _____

3. Bank Information

Bank _____ Contact Name _____

Account No. _____ Phone _____

Complete Address _____

4. Credit References

Reference 1 _____

Reference 2 _____

Contact _____

Contact _____

Phone _____

Phone _____

Fax _____

Fax _____

Reference 3 _____

Contact _____

Phone _____

Fax _____

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES GOLDEN LACES INC TO MAKE ANY AND ALL INQUIRIES NECESSARY TO PROCESS THIS CREDIT APPLICATION.

Authorized Signature _____ Date _____

Print Name _____ Title _____