



APPLICATION FOR CREDIT

Date _____

Company Name _____

Contact Person _____

Phone _____ Fax _____

Mailing Address _____

City/State/Zip Code _____

Shipping Address _____

City/State/Zip Code _____

Type of Business:

- Furniture Store
- Design Firm
- Department Store
- Gift Shop
- Florist
- Other _____

Years in business _____

Tax Exempt ID # _____

CREDIT REFERENCES WITH NET 30 TERMS
APPLICANT MUST FURNISH CURRENT FAX NUMBERS FOR ALL CREDIT REFERENCES

1. _____

Address: _____

Account #: _____ Phone: _____ Fax: _____

2. _____

Address: _____

Account #: _____ Phone: _____ Fax: _____

3. _____

Address: _____

Account #: _____ Phone: _____ Fax: _____

4. _____

Address: _____

Account #: _____ Phone: _____ Fax: _____

The undersigned authorizes Old World Design, LLC purchases to be charged to the indicated credit card below.

Card Number - - -	Expiration Date	V-Code
Name on Credit Card	Zip Code	Type of Card

*****WE ACCEPT VISA OR MASTERCARD*****

SIGNATURE _____ **DATE** _____