



APPLICATION FOR BUSINESS CREDIT

Showroom:
222 Merchandise Mart • Ste 1510
Chicago, IL 60654

Corporate Office:
Amore Designs, Inc.
125 Route 61 • Schuylkill Haven, PA 17972
877.266.7306 • fax 570.385.2604
www.amoredesigns.com

SALES PERSON: _____ EXT. _____

REQUIRED INFORMATION

Legal Business Name: _____		Name of Parent Co. _____	
Date Business Established: _____	Type of Business: _____	Listed in Dun & Bradstreet: <input type="checkbox"/> YES <input type="checkbox"/> NO	D & B Number: _____
Address of Business: _____		Address of Headquarters or Parent Company: _____	
Street: _____	Street: _____		
City/ST/Zip: _____	City/ST/Zip: _____		
Telephone: _____	Telephone: _____		
Website URL: _____			

COMPANY PROFILE

Business Type: Sole Proprietorship Partnership Limited Partnership Corporation

IF SOLE PROPRIETORSHIP:

Legal Name of Owner/Individual: _____ Social Security #: _____
Home Address: _____ Telephone No.: _____
City/ST/Zip: _____

IF PARTNERSHIP: Is there a Partnership Agreement? YES NO

Partner's Name: _____ 2nd Partner's Name: _____
Home Street Address: _____ Home Street Address: _____
City/ST/Zip: _____ City/ST/Zip: _____
Home Telephone No.: _____ Home Telephone No.: _____
Social Security #: _____ Social Security #: _____

IF LIMITED PARTNERSHIP:

General Partner's Name: _____ Social Security #: _____
Home Street Address: _____ Home Telephone No.: _____
City/ST/Zip: _____

IF CORPORATION:

State of Incorporation: _____ Federal Tax ID#: _____
Principal's Name: _____ Social Security #: _____
Home Street Address: _____ Home Telephone: _____
City/ST/Zip: _____

2nd Principal's Name: _____ Social Security #: _____
Home Street Address: _____ Home Telephone: _____
City/ST/Zip: _____

3rd Principal's Name: _____ Social Security #: _____
Home Street Address: _____ Home Telephone: _____
City/ST/Zip: _____

BANK REFERENCE INFORMATION

Name: _____	Type of Account: _____
Street Address: _____	Account #: _____
City/ST/Zip: _____	Telephone Number: _____
Fax Number (required): _____	

TRADE REFERENCE INFORMATION—3 REQUIRED

Name: _____	Type of Account: _____
Street Address: _____	Account #: _____
City/ST/Zip: _____	Telephone Number: _____
Name: _____	Type of Account: _____
Street Address: _____	Account #: _____
City/ST/Zip: _____	Telephone Number: _____
Name: _____	Type of Account: _____
Street Address: _____	Account #: _____
City/ST/Zip: _____	Telephone Number: _____

TERMS AND CONDITIONS

The Credit Applicant warrants that all statements on this form are true and correct and authorizes **Amore Designs** to investigate the references herein listed or statements or other data from me or other any other person pertaining to my credit or financial responsibility. In consideration of the extension of credit by **Amore Designs** to us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice. We further agree that if the merchandise shall remain unpaid past the due date, shall bear interest at the rate of **1½%** per month until paid. In the event that any suit or action is instituted to collect money due on our account, whether principle or interest or both, we agree to pay, in addition to the amount owed, all legal fees and collection fees incurred, including a reasonable sum for attorney's fees.

Signed: _____ Title: _____ Date: _____

Complete and sign this Application for Business Credit and Terms and Conditions and fax or mail to:

Corporate Office:

Amore Designs, Inc.
125 Route 61
Schuylkill Haven, PA 17972
877.266.7306
570.385.2604 fax