



# APPLICATION FOR BUSINESS CREDIT

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

SALES PERSON: \_\_\_\_\_ EXT. \_\_\_\_\_

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

## 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: \_\_\_\_\_

2<sup>nd</sup> Principal's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

3<sup>rd</sup> 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.**  
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Schuylkill Haven, PA 17972  
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570.385.2604 fax