

Application for Credit



Stylmark Incorporated • 800-328-2495
6536 Main Street NE • PO Box 32008
Minneapolis, Minnesota 55432-0008
Fax: 763-574-1052 (Finance Department)

Please photocopy this original and fax to Stylmark

Date _____ 20____

Name _____ Phone _____

Billing Address _____ Fax _____

City _____ State _____ Zip _____

Shipping Address _____ Fax _____

City _____ State _____ Zip _____

Business is a: Corp _____ Partnership _____ Individual D.B.A. _____

Social Security # if Partnership _____ Federal Tax I.D. # if Proprietorship _____ Corporation _____

Owner-Officers _____ President _____ V. President _____

Controller/Treasurer _____ Date Business Started _____

Credit Line Desired _____ Sales Tax Exemption _____
(Please send financial statement) (Please send exemption certificate)

County if Taxable _____

Name and Title of person responsible for approval, processing and payment of invoice _____

Credit references - Bank plus three trade references

Bank Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Account Number _____ Phone Number _____

Phone Number _____ Fax Number _____

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone Number _____ Phone Number _____

Fax Number _____ Fax Number _____

I authorize STYLMARK, INC. to investigate my credit record and report to proper persons or bureaus.

TERMS: 1% 15 Days, Net 30 (Prompt payment discount on materials only) or Net 30

I understand that if my account is not kept current, my credit privileges may be immediately canceled by STYLMARK, INC. I agree to pay interest at the rate of 1.5% per month (or if such rate is illegal or usurious, at the maximum rate permitted by law) from the due date of the invoice plus any collection charges, including attorney fees, to the extent permitted by law.

STYLMARK, INC'S acceptance of this application for credit is subject to the terms and conditions stated above.

Signed _____

Must be signature of authorized officer

Title _____