



2045 Westgate, Suite 100  
 Carrollton, TX 75006  
 (972) 466-1030 Fax: (972) 466-1049

## CONFIDENTIAL BUSINESS CREDIT APPLICATION

WE HEREBY APPLY FOR A LINE OF CREDIT WITH SNAP DRAPE BRANDS, LLC FOR THIS PURPOSE, WE SUBMIT THE FOLLOWING FOR YOUR CONSIDERATION.

BILLING ADDRESS	SHIP TO ADDRESS
NAME _____ STREET OR PO BOX _____ CITY, STATE, ZIP _____ TELEPHONE NUMBER _____ FAX NUMBER _____  <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION    (Indicate state of incorporation and date established)	NAME _____ STREET _____ CITY, STATE, ZIP _____ _____  TYPE OF BUSINESS:

**PRINCIPALS:**

NAME	NAME	NAME	NAME
TITLE	TITLE	TITLE	TITLE

**If applicable, please fill out, sign and return to us the attached Texas Sales Tax Resale Certificate**

**ESTIMATED VALUE OF MONTHLY REQUIREMENTS:**

REFERENCES			
<b>COMPANY NAME:</b>	<b>FULL ADDRESS AND ZIP CODE</b>	<b>PHONE NO:</b>	<b>FAX NO:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
 <b>BANK NAME:</b>	 <b>FULL ADDRESS AND ZIP CODE:</b>	 <b>PHONE NO:</b>	 <b>ACCOUNT OFFICER:</b>
_____	_____	_____	_____
_____	_____	_____	_____

This is our authorization to Snap Drape Brands, LLC. to contact the references provided so that information may be obtained to consider granting credit privileges to us.

We believe that our company is financially able to meet any commitments we have made and we intend to pay promptly in accordance with the payment terms indicated on Snap Drapes invoices. Should those terms now or at any future date include a service charge for late payment, we agree to pay such charges if incurred.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 TITLE \_\_\_\_\_