

Please Fill Out &
Fax Back To:

TOLL FREE WITHIN U.S.

800.472.7445

DIRECT

970.927-9117

Credit Application

COMPANY INFORMATION

Company Name

Federal ID #

Address

City State ZIP Code

Email Address

Tel Fax

Contact Name

Title Tel

BANK INFORMATION

Name

Account Number Tel

TRADE REFERENCES

1. Name

Address

Tel Fax

Account Number

2. Name

Address

Tel Fax

Account Number

3. Name

Address

Tel Fax

Account Number

I/WE HEREBY AUTHORIZE THE ABOVE LISTED BANK AND TRADE REFERENCES TO RELEASE INFORMATION TO AESTHETIC FRAME AND ART SERVICES, FOR USE IN EVALUATION OF THIS CREDIT REQUEST. I/WE AGREE TO COMPLY WITH YOUR TERMS OF NET 30 DAYS AND TO PAY INTEREST OF 1 1/2% PER MONTH ON ALL PAST DUE INVOICES. I/WE FURTHER AGREE TO REASONABLE ATTORNEY FEE OF NOT LESS THAN 25% OF THE BALANCE DUE, IF THE ACCOUNT IS TURNED OVER FOR COLLECTION OR A SUIT IS FILED.

Date Signature

Title

CORPORATE OFFICES