

Z ART GROUP

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CREDIT APPLICATION/CUSTOMER INFORMATION

Please submit completed credit application and a copy of resale / tax-exempt certificate with your first order.

Company Name: _____

Owner / Officer Name: _____ Type of Business: _____

Company Structure: Corporation _____ Partnership _____ Sole Proprietorship _____

State and Date Incorporated: _____ Years at Present Location: _____

Telephone: (Business) _____ (Fax) _____

Contact / Buyer: _____ Email: _____

Resale Number: _____

SHIPPING ADDRESS

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

BILLING ADDRESS

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

TRADE REFERENCES

Name: _____

Account #: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Name: _____

Account #: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

BANK REFERENCE

Bank Account: _____

Address: _____

Contact Person at Bank: _____

Listed with: Dunn & Bradstreet Yes _____ No _____ Lyons Yes _____ No _____

THE INFORMATION ABOVE IS SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT. I/WE AUTHORIZE YOUR INVESTIGATION OF ANY OF THE ABOVE INFORMATION. I/WE UNDERSTAND THAT ACCOUNTS NOT PAID WITHIN ESTABLISHED CREDIT TERMS STATED ON INVOICE WILL BE CONSIDERED DELINQUENT. AFTER 30 DAYS FROM INITIAL DUE DATE SHOULD COLLECTION BECOME NECESSARY, I/WE AGREE TO PAY ALL COSTS INCURRED, INCLUDING A REASONABLE ATTORNEY'S FEE.

Owner / Officer _____ Date _____

For Z Art Group use only:

Credit Limit: \$ _____ Approved By: _____

Comments: _____