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2826 Frankford Ave, Philadelphia, PA 19134  
10475 Drummond Rd, Philadelphia, PA 19154  
320 S. Governor Printz Blvd, Lester, PA 19029

CREDIT LINE AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_

1) LEGAL NAME \_\_\_\_\_

2) TRADE NAME (IF ANY) \_\_\_\_\_ ZIP \_\_\_\_\_

3) ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

4) BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_ CELL PHONE \_\_\_\_\_

5) EMAIL \_\_\_\_\_

6) INVOICE/STATEMENT PREFERENCE: EMAIL / USPS (CIRCLE ONE)

7) TYPE OF BUSINESS: CORPORATION \_\_\_ PARTNERSHIP \_\_\_ INDIVIDUAL PROPRIETORSHIP \_\_\_ LLP \_\_\_ LLC \_\_\_

DUNS# \_\_\_\_\_ DO YOU REQUIRE PURCHASE ORDER NUMBERS? Y \_\_\_ N \_\_\_

ARE YOU EXEMPT FROM SALES TAX? Y \_\_\_ N \_\_\_ IF SO, PLEASE INCLUDE A TAX EXEMPTION CERTIFICATE.

**PRINCIPALS OR OWNERS:**

1) NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

BUSINESS TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ S.S.# \_\_\_\_\_

2) NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

BUSINESS TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ S.S.# \_\_\_\_\_

3) NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

BUSINESS TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ S.S.# \_\_\_\_\_

**BANK REFERENCE:**

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

**TRADE REFERENCE:**

1) SUPPLIER NAME & ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

2) SUPPLIER NAME & ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

3) SUPPLIER NAME & ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

I/We certify that the above information is true and correct and I/we agree to pay this account in accordance with your credit terms.

I/We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency.

I/We understand that all past-due balances will be subject to a 2% per month service charge. I/We further agree to pay 25% collection charge in the event of default, if the account is placed with an attorney or bonded collection agency.

SIGNED \_\_\_\_\_ POSITION \_\_\_\_\_

SIGNED \_\_\_\_\_ POSITION \_\_\_\_\_

**PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS**

In consideration for the credit extended to the above, the undersigned hereby guarantees to be personally liable for all indebtedness incurred by the corporation. I/We further agree to pay a 25% collection charge in the event of default, if the account is placed with an attorney or bonded collection agency. I/We authorize you to verify this information and/or obtained additional information by securing data from a credit reporting agency. I/We understand that all past-due balances will be subject to a 2% per month service charge.

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

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

The use of my corporate title is only to identify my position in the company and in no way negates my personal guarantee.

**Please email completed application to rudy@wmbetz.com or fax to 215-425-5097.**