

Adasco Designs Inc.

Application for Credit

Company Name _____
Billing Address _____
City _____ State _____ Zip _____
Telephone No. _____ Fax _____

Shipping Address _____
City _____ State _____ Zip _____

Name of Owner _____ Name of Buyer _____
Type of Business- _____ Corporation _____ Partnership _____ Individual _____
Valid Sellers ID# _____
Date business was established _____

Is there an AML Program instituted _____
Compliance Officer _____

Bank Reference: Name _____ Phone _____
Address _____

Please list three trade references, **not including watch, display or findings companies.**

Trade References: Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Our terms: Memo for inspection is 10 days; payment terms are net 30 days. Customer is responsible for shipping costs.

If granted credit by your firm, we personally agree to pay all invoices according to the agreed terms. We agree to pay any expenses, including interest and collection fees that may occur in the collection of late payments.

To be filled out by either an officer or owner of the company.

Signed _____

Print _____

Date _____

Please return by fax **(212) 768-1041**