



Twisted Designs

Custom Tie-Dyes Since 1987

904-D Norwalk Street
Greensboro, NC 27407

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Fax: 888 854 5173

Email: info@twisteddesignsinc.com

Web: www.twisteddesignsinc.com

Company Check/Credit Application

Thank you for your interest in Twisted Designs, Inc. We extend NET 30 TERMS and PAY BY CHECK privileges to approved businesses. This information will be held in strict confidence and used solely to establish your credit relationship with Twisted Designs, Inc. Fill out this credit application completely, **sign it**, and mail or fax it using the information provided above. Only applications that have been filled out completely can be considered. *Note:* This PDF file contains form fields that allow you to type info into the form.

Business Information

Business Name: _____ Phone: _____ Fax: _____
DBA: _____ Email: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Legal Status: Proprietor Partnership Corporation - State of Incorporation: _____
Year Established: _____ Federal ID Number: _____
State Resale Tax # (NC Only): _____ ASI# or PPAI# (if applicable): _____
Description or Nature of Business: _____

Officers/Owners

Name: _____ Title: _____ SSN #: _____
Name: _____ Title: _____ SSN #: _____
Name: _____ Title: _____ SSN #: _____

Credit Request

Amount of credit line requested: _____

Trade References

Trade references must be other companies selling wearable items in this industry and with whom you currently have credit terms.

Company: _____ Address: _____ Phone: _____ Fax: _____ Account #: _____ Contact: _____	Company: _____ Address: _____ Phone: _____ Fax: _____ Account #: _____ Contact: _____
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Company: _____ Address: _____ Phone: _____ Fax: _____ Account #: _____ Contact: _____	Company: _____ Address: _____ Phone: _____ Fax: _____ Account #: _____ Contact: _____
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Bank Reference

Bank Name: _____ Account #: _____
Contact: _____ Phone: _____
Address: _____

Terms

Our regularly stated terms are NET 30 DAYS. Past due accounts will incur a monthly 1.5% fee. Applicant hereby agrees to pay any collection and/or attorney fees incurred in collecting applicant's delinquent invoices.

I have read, understand and accept the above terms, have provided true and accurate information to best of my knowledge, and have retained a copy of this agreement for my records. I further authorize the above-cited references to supply pertinent information as may be required to determine my business's credit abilities.

In consideration of the extension of credit, the undersigned hereby personally guarantee payment of all obligations incurred.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Hand written signatures are required. If form is filled out using interactive form fields, print form and sign.