



CREDIT APPLICATION
 (TO BE COMPLETED BY APPLICANTS SEEKING TERMS)

TERMS REQUESTED
<input type="checkbox"/> Net 15
<input type="checkbox"/> Net 30
<input type="checkbox"/> Halloween dating
<input type="checkbox"/> Other _____

BUSINESS INFORMATION		
Complete all fields even if duplicative of information previously provided		
LEGAL BUSINESS NAME:		
TYPE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> CORPORATION		
STORE TYPE: <input type="checkbox"/> INTERNET <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> LINGERIE <input type="checkbox"/> CLOTHING <input type="checkbox"/> OTHER		
OTHER NAMES USED:		
STREET ADDRESS: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS		
CITY:		
STATE:		ZIP:
PHONE:		
FAX:		
TAX ID NO:	YRS. AT LOCATION	YR. BUS. STARTED
WEBSITE: http://		
PRINCIPAL CONTACT NAME:		
CONTACT TITLE:		E-MAIL :
A/P CONTACT:	A/P E-MAIL:	A/P TELEPHONE NO.

OWNERSHIP		
Identify all owners for sole proprietorship, managing members for LLC, and officers for corporation		
NAME:		
POSITION:		
HOME ADDRESS:		
HOME PHONE:		
E-MAIL:		

NAME:		
POSITION:		
HOME ADDRESS:		
HOME PHONE:		
E-MAIL:		

NAME:		
POSITION:		
HOME ADDRESS:		
HOME PHONE:		
E-MAIL:		

NAME:		
POSITION:		
HOME ADDRESS:		
HOME PHONE:		
E-MAIL:		

BANKING REFERENCES

Provide the requested information for at least two banks, if possible

BANK NAME:	
BANK ADDRESS:	
NAME ON ACCT.:	ACCT. NO.
CONTACT NAME:	CONTACT TITLE:
PHONE:	FAX:

BANK NAME:	
BANK ADDRESS:	
NAME ON ACCT.:	ACCT. NO.
CONTACT NAME:	CONTACT TITLE:
PHONE:	FAX:

TRADE REFERENCES

Provide information for three companies we can contact regarding your credit and business history.

References must be industry related.

BUSINESS NAME:	CONTACT NAME
ACCOUNT NO.	
PHONE NO.	FAX NO.

BUSINESS NAME:	CONTACT NAME
ACCOUNT NO.	
PHONE NO.	FAX NO.

BUSINESS NAME:	CONTACT NAME
ACCOUNT NO.	
PHONE NO.	FAX NO.

By signing below, I the above named applicant, hereby authorize the Banks listed to release account balance, banking history, credit information, and other similar banking information to Underwraps Costumes without further notice and release the Banks from any claims or liabilities arising from the disclosure of such information. I have provided true information to the best of my knowledge. I understand Underwraps Costumes will rely on the information provided herein, in determining whether to extend credit and the limits thereof and that Underwraps Costumes may wish to periodically update the information given herein. For the purpose of obtaining credit from Underwraps Costumes, applicant hereby authorizes Underwraps Costumes, or its agents, to investigate the Applicant's personal, partnership and /or corporate credit and financial responsibility. To be in consideration for receiving of terms, all applicants must abide by the terms and Conditions of Underwraps Costumes. This agreement is governed by the laws of the State of California, without giving effect to its conflict-of-law provisions. Any dispute shall be under the direct jurisdiction of and in the venue of the Federal Courts located in Los Angeles County, California

Date _____, 20_____

Authorized Signature

Print Name