

Wilkes-Barre, PA 18702 Ph (570) 208-5655 Fax (570) 824-7455

## **Credit Application**

TERMS: 2%/10th NET 30

The undersigned makes application to Colours, Inc. with the understanding that any credit commitment made by Colours, Inc. may be withdrawn by same at any time without incurring any liability or obligation to the undersigned customer.

	City		State	Zip
	City		State	Zip
_ Business Phone (	)	Fax (	( )	
		Number of	years	
Partnership	Corporation	☐ State of Incor	poration	
Treasurer		Secretar	у	
☐ No Tax Exempt N	Number			
Social Security #				
	PO	Box		
	Stat	te	Zip	
	Phor	ne # ( )		
C	City	Sta	ateZ	Zip
	Savings Account #			
		Phone # (	)	
	City		State	Zip
		Phone # (	)	
	City		State	Zip
		Phone # (	)	
City		State	Zip	
btaining credit and is wan deemed necessary to e pintly and individually, to es at the rate of 1.5% wil	extend credit. In considerate pay for all goods, wall be charged for any u	deration of Colours, I res, and merchandis unpaid amount(s) be	nc., or its affiliat e supplied to me yond 30 days fro	tes, extending credit to e or to any of us or the om specified times. In the
	Date Account Opened: Account #:			
	ACCOUNT #.			
		Business Phone ( )		Partnership Corporation State of Incorporation  Treasurer Secretary  Social Security #  PO Box  State Zip  Phone # ( )  City State  Phone # ( )  State  Phone # ( )  City State  Phone # ( )  City State  Phone # ( )  State  Phone # ( )  City State  Phone # ( )  State  State  Phone # ( )  City State  State  Phone # ( )  City State  State  Phone # ( )  State  State  State  Phone # ( )  City State  State  Phone # ( )  State  State  State  State  State  Phone # ( )  State  State