

COLOURS, INC.

Corporate: 1137 Hanover St., Hanover Twp, PA. 18706
Ph (570) 208-5655 Fax (570) 824-7455

TERMS: 2%/10th NET 30

Credit Application

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makes application to Colours, Inc. with the understanding that any credit commitment made by Colours, Inc. may be withdrawn by same at any time without incurring any liability or obligation to the undersigned customer.

BUSINESS FULL LEGAL NAME _____

DBA NAME _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

County _____ Business Phone () _____ Email _____

Nature of Business _____ Number of years _____

Estimated Monthly Purchases \$ _____ *****EMAIL FOR PAPERLESS MONTHLY STATEMENTS** _____

Type of Business: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ State of Incorporation

President _____ Treasurer _____ Secretary _____

Are you exempt from Sales Tax? ☐ Yes ☐ No Tax Exempt Number _____ **If YES Attach Exempt Form**

OWNERS INFORMATION

Name _____ Social Security# _____

Address _____ PO BOX _____

City _____ State _____ Zip _____

Home Phone () _____

CREDIT INFORMATION

Name of Bank _____ Phone# () _____

Address _____ City _____ State _____ Zip _____

Checking Account# _____ Savings Account# _____

TRADE REFERENCES

1. Name _____ Phone# () _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone# () _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Phone# () _____

Address _____ City _____ State _____ Zip _____

VERIFICATION AND PERSONAL GUARANTEE

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Colours, Inc. to investigate our credit history, bank references, and any information deemed necessary to extend credit. In consideration of Colours, Inc., or it's affiliates, extending credit to the above business, I/we hereby guarantee jointly and individually, to pay for all goods, wares, and merchandise supplied to me or to any of the above business. Also, monthly finance charges at the rate of 1.5% will be charged for any unpaid amount(s) beyond 30 days from specified times. In the event that the account is placed with a third party for collection, I/We agree to pay all costs including reasonable attorney fees, court costs, and finance charges.

Signature _____ Signature _____

Date _____ Date _____

For Office Use Only:

Approved by: _____

PC: _____

Credit Limit: _____

Date Account Opened: _____

Account#: _____

Store#: _____

Salesman: _____

***** - EMAIL REQUIRED**