

ACCOUNT SETUP FORM * = required fields

Company Name: *

Address: *

City/State: * Zip: *

Phone number: * Fax number:

Primary Contact: * Phone number: * Email: *

Resale no: * (CA ONLY) Owner/Manager: * Type of Business: *

Classification: Sole Proprietorship Partnership Corporation Other Length of time in business: *

APPLICANTS SIGNATURE attest financial responsibility, willingness, and ability to pay invoices in accordance with Spectra Apparel's terms. Further, it is understood orders or shipments will be held if account falls beyond terms. Applicant also acknowledges responsibility for any costs and expenses incurred in the collection of account by third party. The above information is willingly supplied and applicant authorizes Spectra Apparel to make the necessary inquiries with bank/trade references, and to obtain credit reports individually (if applicable) and/or financial statements from company in the extension or continuation of credit terms. Applicant's signature or first submitted order also attests acceptance of Spectra Apparel trade policies. To receive a copy of these policies please contact Spectra Apparel.

Signature: * Date: * Title: *

The Equal Credit Opportunity Act prohibits grantor from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status and age (providing the applicant has the capacity to enter into a binding contract). The federal agency that administers compliance with this law concerning this credit grantor is the Federal Trade Commission.

Name on card: *

Credit card number: *

Expiration date: * mm yy cvv2 (card security code)

Keep on file one time only

Credit card type: * Visa MasterCard Discover Amex

CC Billing Address

Street: * City: * State: * Zip: *

Phone: Fax:

I understand that I am obligated to inform Spectra Apparel if there are any changes in authorized users. This form will be valid and accepted only during the dates of the credit card and must be renewed before the expiration date. A signed purchase order is required for all orders.

Card Holder Signature: * Date: *

FOR OFFICE USE ONLY:

Credit Card verified by: Date: *