

WEBSITE FORM Spectra USA 5521 Schaefer Avenue Chino, CA 91710

Telephone: 714-683-2820

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ACCOUNT SETUP FORM * = required fields
ompany Name: *
ddress:*
ity/State:* Zip:*
hone number:* Fax number:
rimary Contact:* Phone number:* Email:*
esale no:* (CA ONLY)
lassification: Sole Proprietorship Partnership Corporation Other Length of time in business:*
PPLICANTS SIGNATURE attest financial responsibility, willingness, and ability to pay invoices in accordance with Spectra pparel's terms. Further, it is understood orders or shipments will be held if account falls beyond terms. Applicant also cknowledges responsibility for any costs and expenses incurred in the collection of account by third party. The above information willingly supplied and applicant authorizes Spectra Apparel to make the necessary inquiries with bank/trade references, and to otain 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 cases policies please contact Spectra Apparel.
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ne Equal Credit Opportunity Act prohibits grantor from discriminating against credit applicants on the basis of race, color, religion ational origin, sex, marital status and age (providing the applicant has the capacity to enter into a binding contract). The federal gency that administers compliance with this law concerning this credit grantor is the Federal Trade Commission.
ame on card:*
redit card number:*
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understand that I am obligated to inform Spectra Apparel if there are any changes in authorized users. This form will be alid and accepted only during the dates of the credit card and must be renewed before the expiration date. A signed urchase order is required for all orders.
ard Holder Signature: * Date:*
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redit Card verified by: