

CREDIT ACCEPTANCE APPLICATION

Lafayette Textiles Corp.
2051 E. 55th Street, Vernon, CA 90058
Tel : (323) 581-9220, Fax: (323) 581-9660
www.lafayettetextile.com

Credit Acceptance Application, Continuing Personal Guaranty and Purchase Agreement

**Please read the personal guaranty and purchase agreement which terms and conditions constitute an integral part hereof.*

Fax To: 323-581-9660

Name of Individual Completing this form:

Position:

Name of Applicant Company:

Fictitious Business Name / dba (if any):

Federal ID# / EIN:

Resale Certificate Number:

Date When Business was Formed/Started:

State Where the Business was Formed:

Physical Address:

Unit / Suite # (if any):

City, State, and Zip (Postal) Code:

Cellular Phone#:

Fax#:

E-mail:

Website:

In order to facilitate credit, please complete, print, sign and submit the following documents:

- 1) Credit Acceptance Application
- 2) Terms and Conditions
- 3) Copy of Driver License *Owner/Officer/Partner
- 4) Copy of Business License
- 5) Copy of Articles of Incorporation or Articles of Organization
- 6) Copy of Resale Certificate
- 7) List of Current Suppliers & Bank References

D & B Rating:

No. of Location(s):

Parent Company (if any):

Branch/Division/Other:

Partnership

Corporation

Sole Proprietorship

LLC

Manufacturer

Retailer / Wholesaler

Other

(Describe):

List of Owners, Partners & Officers:

Name:

Name:

Title / Position:

Title / Position:

Home Street Address:

Home Street Address:

Apartment#:

Apartment#:

State and Zip Code:

State and Zip Code:

Home Telephone#:

Home Telephone#:

Social Security #:

Social Security #:

Print Name (Person who completed this Form):

Title:

Date:

Print this Form then Sign here: _____

For Lafayette Textiles Corp Official Use Only:

Approved:

Declined:

Pending:

Processed by:

LIST OF REFERENCES

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**This form is a supporting document to the Credit Acceptance Application. Please complete, print, sign and submit through
 Fax#: 323-581-9660*

CURRENT SUPPLIERS

No.	Contact Person	Supplier Name	Street Address	City	State	Phone#	Account#	Period (Month & Year)	
								From	Until

BANK REFERENCES

No.	Contact Person	Bank Name	Street Address	City	State	Phone#	Account#	Period (Month & Year)	
								From	Until

Authority to Release Credit-Related Information:
 This is to authorize Lafayette Textiles Corp to contact the above-mentioned current suppliers and bank references to request and review our financial information including but not limited to credit limit, account activities, average balance, and other related information.

Print Company Name:

Print Name / Accounts Payable Manager:

Accounts Payable Manager SIGNATURE: _____ Date Signed:

Print Name/Authorized Credit Applicant (Owner/Officer/Partner): Title:

Owner/Officer/Partner SIGNATURE: _____ Date Signed: