

BUSINESS CREDIT APPLICATION

Name/Address

Last	First	M.I.	Title
Name of Business			Tax I.D. Number
Address			
City	State	Zip	Phone

Resale Information

Are products to be purchased for resale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Resale Cert. #
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Company Information

Type of Business	In Business Since
Legal Form Under Which Business Operates	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship
If Division/Subsidiary, Name of Parent Company	In Business Since
Name of Person Responsible for Business Transactions	Title
E-mail	Phone Fax
Accounts Payable Contact	Title
E-mail	Phone Fax

Bank References

Institution Name	Institution Name
Address	Address
Phone	Phone

Trade References

Company	Company	Company
Contact	Contact	Contact
Address	Address	Address
Phone	Phone	Phone
Fax	Fax	Fax
Account Open Since	Account Open Since	Account Open Since
Credit Limit	Credit Limit	Credit Limit

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

BMS WINDOW DECOR

1000 CROWLEY DR #100 CARROLLTON, TEXAS 75006 ~ P 972-810-0124 ~ F 972-820-5724 ~ WWW.BMSDECOR.COM



CREDIT CARD AUTHORIZATION FORM

BMS Window Decor requires that a valid credit card be on file for the first purchase. Subsequent orders may be paid by check if credit terms are extended after review of your application. You will receive a copy of the charge slip and paid invoice that will act as your record of each transaction.

Please select one option:

- I would like to pay for this and all future orders with the following credit card.
- I agree to pay for my first order with the following credit card, but would like to send checks by mail for all future orders.

Please select one:

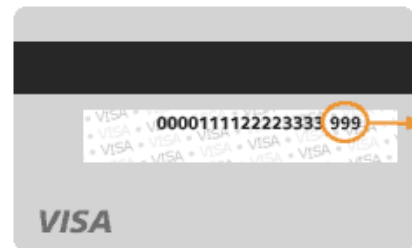
- I would like my receipt(s) e-mailed to me at _____
- I would like my receipt(s) faxed to me at _____
- I do not require a receipt.

Credit Card Type: ___ Visa ___ MasterCard ___ American Express

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Billing Zip Code: _____

Security Code Number: _____
(Located on the back of the credit card)



Card Identification Number

Company Name: _____

Cardholder Name: _____

Signature: _____

Please FAX this completed form to 972-820-5724 or email at - james@windowsdecor.com

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