



**REQUEST FOR OPEN ACCOUNT**

**Thank you for your interest in DeWoolfson Down. Credit terms can be granted to qualified buyers who have purchased from us for 6 months and who have reached a total sales history of \$2000. Credit Card and COD available.**

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

SALES TAX NO. \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_ WEBSITE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

IF NOT INCORPORATED FOR MORE THAN 1 YEAR, PLEASE INCLUDE OWNER'S DRIVERS LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

**PLEASE GIVE NAME AND ADDRESS OF PRINCIPAL OFFICERS, OWNERS OR PARTNERS**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_

**BANK INFORMATION**

BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ACC. NO. \_\_\_\_\_

**TRADE REFERENCES (please provide three)**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_

IF CREDIT IS GRANTED, I AGREE TO PAY THE TERMS OUTLINED AND I UNDERSTAND THAT INTEREST OF 1\_% PER MONTH WILL BE CHARGED ON PAST DUE BALANCES. I ALSO AGREE TO PAY ALL ATTORNEY'S FEES, COURT COST, COLLECTION COSTS, AND ALL OTHER EXPENSES WHICH MAY BE INCURRED IN COLLECTING PAST DUE BALANCES OR INSUFFICIENT FUND CHECKS, AS PERMITTED BY LAW.

I AUTHORIZE DEWOOLFSON DOWN OR THEIR REPRESENTATIVE TO OBTAIN ANY CREDIT REPORT OR OTHER INFORMATION THAT THEY DEEM NECESSARY IN CONNECTION WITH GRANTING CREDIT TERMS OR FOR ANY OTHER BUSINESS REQUIREMENTS.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE SIGN THIS APPLICATION AND RETURN WITH  
TRADE REFERENCES ON COMPANY LETTER HEAD TO THE ADDRESS BELOW,  
OR FAX TO 1-828-963-4145**