



6550A Jimmy Carter Blvd.
Norcross, GA 30071
custserv@accentdecor.com
www.accentdecor.com
1-800-385-5114
fax 770-346-0888

CREDIT APPLICATION AGREEMENT

Terms Net 30 to be paid within 30 days of dated invoice. Please complete **ALL** information.

Credit Line Requested: _____

Store Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax# _____ Home: _____

e-mail address _____ web site _____

Years in Business: _____ Years at this location: _____ Tax ID# _____

List any previous or variations of your business name: _____

Owner: _____ Officer: _____

Address: _____

City: _____ State _____ Zip: _____ Phone: _____ e-mail _____

Class of Trade: Florist__ Event Company__ Home Decor__ Garden Center__ Hotel__ Gift Shop__

Catalog/e-commerce__ Wholesaler__ Manufacturer__ Grocery Store__ Other _____

Estimated annual retail volume Under \$200K__ \$201-\$400K__ \$401-\$800K__ \$801K-1M__ over \$1M__

References: List 3 Trade references purchased from in the last 12 months on open account.

(pre-payments, COD, and credit cards are NOT considered an open account)

1. _____ 2. _____ 3. _____

(fill in page 2 for more information)

All information is believed to be true.

The signer authorizes the attached bank trade references to release requested information.

I hereby accept the responsibility and insure all invoices will be paid within the stated credit terms to Accent Decor, Inc.

Signature _____ Printed Name _____

Title _____ Date _____

Please fax signed copy to 770-346-088 Thank you! We look forward to doing business together!

References: List 3 Trade references purchased from in the last 12 months on open account.
(pre-payments, COD, and credit cards are NOT considered an open account)

1.

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ e-mai _____

Account # _____

2.

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ e-mai _____

Account # _____

3.

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ e-mai _____

Account # _____

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