

| | | | | | | |
|--------------------------|----------------------------|-------|---------------|-----------------------|------------|-------|
| Name of Credit Applicant | Name of Firm or Individual | | Tax Id Number | | | |
| | Address | | | Years at this address | | |
| | City | State | Zip | Phone Number | Fax Number | Email |

| | | |
|--------------------------------|---|---|
| Send/or Fax Completed form To: | Reliable Fabrics, Attention: Mary Love PO Box 6176 Chelsea MA 02150 (617) 387-5321 Fax (617) 387-9352 | 30 Days Net Our Normal Credit Terms |
|--------------------------------|---|---|

The following information must be provided. It will be held in the strictest confidence.

- Corporation
 check here if incorporated within the past 12 months
 partnership
 individual

| | | | | |
|-----------|----|---------------------|------------------|-------|
| Ownership | 1. | Names of principals | complete address | phone |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |

| | | |
|---------|----------------------------|--------------|
| Finance | Bank | bank Address |
| | Bank officer or department | phone |

| | | | | |
|------------|----|---------------|------------------|-----------|
| References | 1. | Business name | complete address | account # |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |

Check here if cash sales are okay until credit approved

We certify that all information on this form is correct. We understand your credit terms and agree to the proper payment in consideration of extended credit.

| | | |
|--------|--------------|------|
| Signed | Printed Name | Date |
| Title | | |

Do not write below this line

Refereces checked by _____ Credit approved by: _____
 References results _____ Credit refused by _____ Date: _____