

CREDIT APPLICATION

Krazy Klothes
1106 S. Meridian St.
Indianapolis, In 46225
www.krazyklothes.com
317-687-8310
317-687-8317 Fax

Boxer Boxer Account Number _____ Date Business Started _____

Name of firm or individual _____

Address _____

City, State, Zip Code _____

Phone() _____ Fax() _____ E-mail _____

HEREBY apply for credit in accordance with the published terms of Boxer Boxer.

Check here if cash sales(C.O.D./Credit Card) are acceptable until credit is approved.

Check here if you prefer ALL orders to ship via C.O.D. Credit Card

The following information must be completed in full; and will be held in the strictest confidence.

Corporation Partnership Individual LLC Check here if incorporated within the last 12 months

NAME(S) OF PRINCIPAL(S)	ADDRESS	Phone()
_____	_____	_____
_____	_____	_____

FINANCE

Bank _____ Bank Address _____ Phone() _____

Bank officer of department _____ Acct# _____ Fax() _____

REFERENCES

1. **Business name** _____ **Address** _____ Phone() _____
_____ Fax() _____
City, State, Zip Code _____ Phone() _____

2. **Business name** _____ **Address** _____ Phone() _____
_____ Fax() _____
City, State, Zip Code _____ Phone() _____

3. **Business name** _____ **Address** _____ Phone() _____
_____ Fax() _____
City, State, Zip Code _____ Phone() _____

4. **Business name** _____ **Address** _____ Phone() _____
_____ Fax() _____
City, State, Zip Code _____

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

Applicant agrees to pay all collection expenses including reasonable attorney fees if the need should arise.

Boxer Boxer is authorized to report current credit history to credit agencies.

Date _____ 20_____

(Signed) _____

(Title) _____