



www.a1tablecloth.com

(P) 1.800.727.8987 | (F) 1.201.727.8988 | E-mail: ar@a1tablecloth.com

450 Huyler Street Suite 102, South Hackensack, New Jersey 07606

Credit Application

(Please print)

Company: _____ Contact: _____

Address: _____ Phone: _____

City: _____ Cell: _____ Fax: _____

State: _____ Zip: _____ Owner: _____

E-mail(s): _____

Anticipated Annual Volume with A-1: \$ _____ Monthly Credit Line Requested: \$ _____

Trade References: *(Must list three term accounts)*

1. Company Name: _____

Contact: _____ Phone: _____

Email: _____ Fax: _____ Years Doing Business: _____

2. Company Name: _____

Contact: _____ Phone: _____

Email: _____ Fax: _____ Years Doing Business: _____

3. Company Name: _____

Contact: _____ Phone: _____

Email: _____ Fax: _____ Years Doing Business: _____

How did you hear about A-1 Tablecloth? (Please Indicate)

Magazine: _____

Referral: _____

(Company Name)

Trade Show: _____

(Phone)

If approved, terms are net 30 days. I authorize A-1 Tablecloth Company to charge my credit card for an amount equal to any bounced check(s) plus a \$30.00 returned check administrative fee. A \$5.00 fee will be added to any order for which a credit card charge is declined. In the event that my account is past due from date of invoice, and all efforts have been made by A-1 Tablecloth Company to collect such past due funds, A-1 Tablecloth Company will assess a 1% per month interest on all amounts past 30 days or, at its discretion, charge my credit card for all past due amounts on my account and add a 2.4% administrative fee. (A-1 Tablecloth will notify me via phone or fax before charge is processed.) In the event the account is placed in the hands of a collection agency or attorney for collection or suit or the same is collected through Probate or Bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorneys' fees. The undersigned individually warrants and guarantees payment of the above account. I also agree that I will not dispute any charges except for returns for defective merchandise, and that notification of such defect must be made within 24-hours of receipt of merchandise and Merchandise Return number must be obtained. Returns received without prior approval and Merchandise Return number will be refused. Finally, I understand that all custom-size orders must be prepaid, regardless of terms extended.

Signature (Owner): _____ Date: _____



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Bank Information:

Name: _____

Tel: _____

Fax: _____

Contact: _____

Bank Credit Information

(For Bank Use Only)

Savings Acct #: _____

Checking Acct #: _____

Acct. Opened: _____

Acct. Opened: _____

Avg. Balance: _____

Avg. Balance: _____

Loan Account? Yes No

Bounced Checks? Yes No

Outstanding Balance: _____

Name of Officer: _____

Manner of Payment: _____

Signature of Officer: _____

Comments: _____

Authorization:

The undersigned account holder authorizes you to release the above information to A-1 Tablecloth Co. with whom we have applied for credit.

Authorized Signature _____

Company: _____

Date: _____