



3050 TREWIGTOWN RD  
 COLMAR, PA 18915  
 T: 800.523.2592  
 F: 215.997.2833  
 e-csr@estout.com  
 www.estout.com

## Account Application

Company Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Telephone# \_\_\_\_\_ Alt/Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Legal Entity  Corporation  Partnership/LLC  Sole Proprietorship  
 Sales Tax Status  Exempt Exemption # \_\_\_\_\_  
 SS# \_\_\_\_\_ Federal ID # \_\_\_\_\_  
 Requested Terms  Net 30 Days  C.O.D. Money Order  C.O.D. Check  Credit Card  Proforma  
 Monthly Statement?  Yes  No  
 Book Keepers Name \_\_\_\_\_  
 Contact Persons Name \_\_\_\_\_

Names of Owners, Partners or Officers: \_\_\_\_\_ Title: \_\_\_\_\_  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_

Trade References (Fabric Distributors Preferred)  I am new to the Trade

Trade References \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

PLEASE ALLOW 2-3 DAYS TO PROCESS YOUR APPLICATION. WITHOUT COMPLETE INFORMATION WE WILL ONLY SHIP PROFORMA. SHOULD WE EXTEND CREDIT, OUR TERMS ARE NET 30 DAYS. ALL SUBMITTED INFORMATION IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE, ACCURATE AND COMPLETE. AUTHORIZATION IS HEREBY GRANTED FOR THE RECEIPT AND EXCHANGE OF CREDIT INFORMATION. A MONTHLY FINANCE CHARGE AS SPECIFIED ON THE INVOICE WILL ACCRUE ON PAST DUE BALANCES. IN THE EVENT WE REFER YOUR ACCOUNT FOR COLLECTION OF THE AMOUNT DUE, THE UNDERSIGNED AGREES TO PAY FOR REASONABLE COLLECTION COSTS AND ALL ACCRUED FINANCE CHARGES.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



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## Request for Credit Card Terms

Visa

Mastercard

Name On Card

Billing Address

City, State Zip

Telephone#

Card Number

CVV Code

Expiration Date (MM/YY)

**I authorize Stout Brothers Co. Inc. to use the above noted Credit Card to pay for all invoices ordered on my account.**

Authorized Signature:

Date:

Printed Name: