



CREDIT APPLICATION

215 Moody Road • PO Box 1800 Enfield CT 06083-1800
Phone: 1-860-814-4400 or 1-800-223-0963
FAX: 1-860-814-4401 or 1-800-666-9371

LEGAL NAME OF COMPANY: _____

DOING BUSINESS AS: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

TELEPHONE NO.: _____ FAX NO.: _____

LEGAL STRUCTURE: CORPORATION PARTNERSHIP PROPRIETORSHIP

PERSONAL INFORMATION

OWNER'S NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ SOCIAL SEC. NO.: _____

TYPE OF BUSINESS:

- Gift Shop Retirement Home Drug Store Church/Synagogue Department Store
- Card Store Hospital Variety Store Florist Shop Other _____

CREDIT REFERENCES

1. NAME _____ PHONE _____

ADDRESS _____ FAX # _____

CITY, ST, ZIP _____

2. NAME _____ PHONE _____

ADDRESS _____ FAX # _____

CITY, ST, ZIP _____

3. NAME _____ PHONE _____

ADDRESS _____ FAX # _____

CITY, ST, ZIP _____

4. NAME _____ PHONE _____

ADDRESS _____ FAX # _____

CITY, ST, ZIP _____

BANK REFERENCES

NAME: _____

ADDRESS: _____

ACCOUNT NO.: _____

VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>
Card #
Exp. Date
Name as it appears on Credit Card (please print)
Signature

AGREEMENT: Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:

1. Terms are as stated on the invoice.
2. A service charge of 1.5% per month may be charged for all past due balances.
3. Should it be necessary to assign the account for legal action, all collection charges and legal fees shall be paid by the applicant.
4. The undersigned agrees to the terms stated herein.
5. The undersigned authorizes the above mentioned companies and banks to release the information requested by FRAVETTI GREETINGS, INC.

OWNER'S/BUYER'S SIGNATURE: _____

DATE: _____