



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		
Shipping Address, City, State Zip		
Telephone#	Alt/Cell #	Fax #
Email Address		
Type of Business		
Legal Entity	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership/LLC <input type="checkbox"/> Sole Proprietorship
Sales Tax Status	<input type="checkbox"/> Exempt	(*) Exemption #
SS#	Federal ID #	
Requested Terms	<input type="checkbox"/> Net 30 Days <input type="checkbox"/> C.O.D. Money Order <input type="checkbox"/> C.O.D. Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Proforma	
Monthly Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Book Keepers Name & Email Address		
Contact Persons Name & Email Address		
(*) If requesting sales tax exemption in PA, OH, MD you MUST send us a copy of your certificate for our records.		
Names of Owners, Partners or Officers:	Title:	Email:
1)		
2)		
Trade References (Fabric Distributors Preferred)	<input type="checkbox"/> I am new to the Trade	
Trade References	Telephone Number	
1)		
2)		
3)		
<small>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.</small>		
Applicant's Signature:	Title:	Date:



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

## Request for Credit Card Terms

Visa

Mastercard

Amex

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:

---