



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	<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					
Contact Persons Name					

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

Trade References (Fabric Distributors Preferred)	<input type="checkbox"/> 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

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: