



# CONCEPT FRAMES INCORPORATED

P.O. BOX 248 NEWTON, NC 28658  
TOLL FREE: 888 2349455  
FAX: 800 6319089  
TELEPHONE: 828 4652015

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## CREDIT APPLICATION

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Date \_\_\_\_\_

Firm Name \_\_\_\_\_ Telephone \_\_\_\_\_

Billing Address \_\_\_\_\_ Fax No. \_\_\_\_\_  
\_\_\_\_\_

Ship to Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
\_\_\_\_\_

Sales Tax Exempt ( ) Yes ( ) No  
(If yes, please supply copy of tax exemption certificate)

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

Federal ID Number \_\_\_\_\_

Officers \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

### Banking Information:

Bank \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Fax \_\_\_\_\_

Branch/City/State \_\_\_\_\_

Commercial Account No. \_\_\_\_\_

**TRADE REFERENCES**

**Reference:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Reference:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Reference:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**I hereby authorize Concept Frames, Inc. To contact any reference or bank listed above. It is understood that any information so obtained will be used solely for the basis of granting credit.**

**TERMS: Net 30 days. 1.5% Finance Charge will be compounded monthly for all unpaid balances. In the event that this account is placed in the hands of an attorney because it is delinquent, Applicant hereby agrees to be liable for any and all costs of collection, including but not limited to, reasonable attorney's fees incurred by Concept Frames, Inc.**

**The party executing this application agrees that he is doing so in his representative capacity for his company.**

\_\_\_\_\_  
**Signature - Company Representative**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**