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## Credit Application

*This application is strictly confidential.  
 Please print of type all information*

### OFFICE USE ONLY TERMS

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

CORPORATION  PARTNERSHIP

SOLE OWNER

TYPE OF BUSINESS  
AND PRODUCT

DATE ESTABLISHED

DUN & BRADSTREET #

ANNUAL SALES VOLUME

CA SELLER'S PERMIT NO.

COMPANY WEB ADDRESS

### Name and address of owners, partners or corporate officers and titles

NAME	STREET ADDRESS	CITY & STATE	TITLE	SOC SEC NO.

BANK NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

FACTOR NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ ACCT REP. \_\_\_\_\_

### Trade References

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

The information and statements in this application are true and complete, and they are made for the purpose of inducing you to establish an open account line of credit. You are, hereby, authorized to obtain information you consider necessary from any source concerning the statements in this application, In consideration of, and in order to induce you to establish an open account line of credit based on the foregoing application, the undersigned individual promises to pay and personally guarantees payment for all purchases in accordance with your terms of sale. If at any time, for any reason, the purchaser is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my/our account interest computed at the legal rate of 1 ½% per month on any past due amount owing on my/our account. In the event it becomes necessary for your company to incur collection costs, or to institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay such additional collection costs, charges, and expenses including reasonable attorney's fees if the account is placed in the hands of an attorney or collection agency for collection.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_