

# Uniform NameMakers

1145 Bailey Ave.  
Buffalo, New York 14206  
(716) 849-2827 \*\* Fax (716) 849-0004  
(877) 866-7397 ext. 113  
Customer Credit Application

Date \_\_\_\_\_

Legal Name of Business \_\_\_\_\_

Complete Address of Business

\_\_\_\_\_

\_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Yrs. in Bus. \_\_\_\_\_

Accounts Payable contact \_\_\_\_\_

Trade Name (if different from legal name) \_\_\_\_\_

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

Name of Officer or Owner \_\_\_\_\_

Address of above \_\_\_\_\_

Bank Reference: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Name & Address \_\_\_\_\_ Contact \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Supplier References (please list complete address, phone number, & Fax)

1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The applicant understands that terms of open account are **Net 10 days**. Applicant further understands that interest in the amount of 1 1/2% per month will be added starting on the 11th day from invoice. Applicant agrees to pay all interest and/or collection costs which would be added should Uniform Namemakers find it necessary to resort to such measures to collect funds owed by applicant.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_