

CO. NAME: _____

ADDRESS: _____

CITY _____

STATE / PROV _____

ZIP / POSTAL _____

COUNTRY _____

PHONE _____

FAX _____

EMAIL ADDRESSES:

ACCOUNT ACTIVATION _____

ORDER CONFIRMATION _____

SHIPMENT TRACKING _____

CREDIT _____

INVOICES / STATEMENTS _____

PRIMARY ACCOUNT CONTACT _____

TITLE _____

EMAIL ADDRESS _____

PHONE # _____

MOBILE #: _____

BUSINESS TYPE? (Please describe below)

ASI # _____

PPAI # _____

SAGE # _____

PPPC # _____

UNIFORM RETAIL Sc PRINT
EMBROID PROMO EVENT LICENSE

SHIPPING ADDRESS (if different)

ADDRESS: _____

CITY _____

STATE / PROV _____

ZIP / POSTAL _____

COUNTRY _____

PHONE _____

FAX _____

FED TAX ID (EIN) _____

STATE TAX ID _____

- PLEASE ATTACH A COPY OF YOUR RETAIL TAX ID/SELLER'S PERMIT
- TO RECEIVE NET 30 DAY TERMS, PLEASE COMPLETE THE ATTACHED CREDIT APPLICATION.
- ZORREL ENGAGES SEVERAL CREDIT BUREAUS TO MANAGE OUR ACCOUNTS RECEIVABLE; AND ULTIMATELY COLLECTION AGENCIES TO COLLECT BAD DEBT.

RETURN VIA FAX: 816-765-3228
RETURN VIA EMAIL: cs@zorrel.com

**Credit Application
Domestic**

City: _____ State: _____ Zip Code: _____
Account Name: _____
(If different than Company name.) _____

Business References:

Incomplete information on the following will result in the return of your application. To avoid delay in processing your application, please advise references to reply to our inquiries promptly. Include only those references where you now have a current charge account.

Name: _____
Address: _____
City: _____
State/Zip Code: _____
Telephone #: _____
Facsimile #: _____

Name: _____
Address: _____
City: _____
State/Zip Code: _____
Telephone #: _____
Facsimile #: _____

Name: _____
Address: _____
City: _____
State/Zip Code: _____
Telephone #: _____
Facsimile #: _____

Name: _____
Address: _____
City: _____
State/Zip Code: _____
Telephone #: _____
Facsimile #: _____

Terms: Open account status, Net 30 days.

Accounts not paid within these terms are subject to Credit Card Prepay or C.O.D. shipments until terms are met.

PLEASE ALLOW 2 – 4 WEEKS TO PROCESS YOUR APPLICATION.

Terms of sale are Net 30 – no discount. Buyer agrees to pay any court costs, attorney's fees, and cost of collection the seller may incur in enforcing the terms of this agreement. If legal action becomes necessary by either buyer or seller, it is also agreed that this or any contemporaneous or subsequent agreement will be governed as to validity, interpretation, and in all other respects by the Laws of the State of Missouri. In consideration of the extension or credit, the undersigned assumes personal liability for payment of any outstanding balance and collection charges including reasonable attorney's fees. The undersigned agrees to the need for verification of all information on this application and authorizes and releases all banks, businesses, and persons identified on this application to furnish any and all information requested by Zorrel by telephone or written correspondence, whichever Zorrel requests. It also authorizes Zorrel with the right to obtain a full and complete credit history.

By: _____ Title: _____ Date: _____
By: _____ Title: _____ Date: _____

Zorrel International

13500 15th Street, Grandview, MO 64030

Phone: 1-800-528-8688 or 816 765-5212 /Facsimile: 816-765-3228

Bill to:

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Ship to:

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Contacts:

Full Name of Owner(s) or Principals (Proprietorship and Partnership) Must be Completed.

Principal Officer (#1): _____ Title: _____
Principal Officer (#2): _____ Title: _____

FEIN/SSN# for Proprietor/Partners: #1: FED ID # _____ #2: State # _____

Accounts Payable: _____

Purchasing Agent (#1): _____ Phone #.w/Ext. _____

Purchasing Agent (#2): _____ Phone # w/Ext. _____

Company Information:

Full Name of Owner(s) or Principals (Proprietorship and Partnership) Must be Completed.

Description of Business: _____

Date Business Established: _____ At Present Location: _____

Under Present Ownership: _____

Form of Business: Proprietorship: _____ Partnership: _____ Corporation: _____

Listed in D&B: (Circle Response) Yes No D&B Number: _____ D&B Rating: _____

Financial Statement: Attached: _____ To be Mailed: _____ Tax Exempt #: _____

ASI# _____ **NOTE: (Tax/ Resale Exempt Certificate Must Be Attached.)**

Main Interests: (Check all that apply.)

_____ Knits _____ Sweaters _____ Embroidery
_____ Tees _____ Jackets _____ Screen
_____ Fleece _____ Printing
_____ Wovens
_____ Other, (Please specify)

Estimated Monthly Purchases: _____

Estimated Monthly Sales: _____

Total # of Employees: _____

Bank Information:

Account #: _____ Year Established: _____

Bank Name (Branch): _____

Address: _____

Credit Card Authorization Form

ZORREL

13500 15th St.

Grandview MO 64030

Phone: 816-765-5212 FAX: 816-765-3228

Attention: Accounts Receivable

Invoice	Amount	Invoice	Amount

Total: \$ _____

Company Name: _____

Acct Number: _____

Phone #: _____

Card Type:

Amex

Discover

Master Card

Visa

Expiration Date: _____

Security Code: _____

Card Number: _____

Name on Card: _____

Mailing
Address for
Credit Card

Street

City, State, Zip or Postal Code

Signature: _____

(required for charges over \$1000)