

IST Designs, Inc.
APPLICATION FOR CREDIT

BUSINESS CONTACT INFORMATION

Company name:		
Phone:	Fax:	E-mail:
Billing address:		
City:	State:	ZIP Code:
Shipping address if different:		
A/P Contact:	DUNS #:	
Year Started:	EIN #:	
Bus. Type:	Resale #:	

BUSINESS AND CREDIT INFORMATION

Bank name:		
Bank address:	Phone:	Fax:
Account number:	Checking	
Account number:	Savings	
Credit card number:	Exp. Date:	
Name on card:		

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

AGREEMENT

1. As an applicant for credit from IST Designs, Inc. (IST) I hereby authorize IST to use this credit application to obtain any information deemed necessary for this application and the approval of credit terms for the business indicated above.
2. I agree to pay according to the terms of Net 30, and that should my store not have paid an invoice from IST by the 45th day after the date of said invoice, I do hereby authorize IST to use my credit card referenced above to obtain payment of my stores outstanding balance unless there is a written dispute of an invoice. Any uncollected amounts past due shall accrue interest as specified on the original invoice. I further agree to pay all costs associated with collection of this account. A faxed copy is deemed to be an original.
3. By submitting this application, you authorize IST Designs, Inc. to make inquiries into the banking and business/trade references that you have supplied.

Agreed this date _____ Signature _____

Title _____ Print name _____