

CREDIT INFORMATION / AGREEMENT

REGISTERED BUSINESS NAME: _____

ADDRESS: _____
 _____ PC _____

PHONE NUMBER: _____ FAX: _____

CONTACT - PAYABLES: _____ EXT # _____

LEGAL STATUS: CORPORATION PARTNERSHIP PROPRIETORSHIP

YEAR BUSINESS STARTED: _____ NUMBER OF EMPLOYEES _____

PRINCIPALS OF CORPORATION

NAME	ADDRESS	CONTACT NUMBERS
1 _____	_____	_____
2 _____	_____	_____

AMOUNT OF CREDIT REQUESTED: _____ TERMS REQUESTED: COD MONTHLY

BANKING INFORMATION

NAME	BRANCH / TEL#	ACCT#	CONTACT
_____	_____	_____	_____

CREDIT REFERENCES

NAME	PHONE NUMBER	FAX NUMBER
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

I, the undersigned, am an authorized agent for this above noted Company and agree to the terms and conditions as specified on my invoice(s) and statement(s). I understand interest will be charged at a rate of 1.5% per month (18% per annum) on accounts not paid within these terms. I/we hereby authorize Sofa by Acasia to obtain/supply such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account. I/we hereby authorize our bank to release standard banking information to: Sofa by Acasia.

AUTHORIZED SIGNATURE: _____ POSITION: _____ DATE: _____

**** IF YOUR BUSINESS IS NOT A CORPORATION, WE WILL REQUIRE THE FOLLOWING INFORMATION ****

SURNAME: _____ FIRST NAME: _____ HOME TEL#: _____

SOCIAL INS. NO: _____ HOME ADDRESS: _____ PC _____