



**CREDIT SHEET APPLICATION FORM**

**Baskets of Cambodia/ Saraye 'Tatami Style' Purses  
 PO Box 1846, Lynnwood, WA 98046 PH: 425 778 8000 FAX TO: 425 778 8800**

Thanks for filling this out completely. We'll do our best to respond with 10 days of receipt.

STORE NAME: \_\_\_\_\_ FED ID #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Bill to Address: \_\_\_\_\_ Ship to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/President \_\_\_\_\_

Type of Business: CHECK ONE \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Non-profit

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ Years at Current Address \_\_\_\_\_

BANK NAME: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Last Four Digits of Acct # \_\_\_\_\_ TYPE \_\_\_\_\_

Bank Representative Contact Name: \_\_\_\_\_

**OTHER REFERENCES:**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I certify that all the information on this form is correct and I hereby give permission to all references listed to release information relative to my credit worthiness. If allowed credit we agree to pay per terms.

\_\_\_\_\_  
 Signature Title Date

