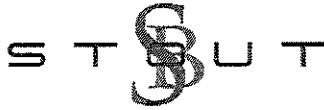


Rep 9



3050 TREWIGTOWN RD
COLMAR, PA 18915
T: 800.523.2592
F: 215.997.2833
e-csr@estout.com
www.estout.com

Account Application

Company Name

Billing Address, City, State Zip

Shipping Address, City, State Zip

Telephone#

Alt/Cell #

Fax #

Email Address

Type of Business

Legal Entity

Corporation

Partnership/LLC

Sole Proprietorship

Sales Tax Status

Exempt

(*) Exemption #

SS#

Federal ID #

Requested Terms

Net 30 Days

C.O.D. Money Order

C.O.D. Check

Credit Card

Proforma

Monthly Statement?

Yes

No

Book Keepers Name & Email Address

Contact Persons Name & Email Address

(*) If requesting sales tax exemption in PA, OH, MD you MUST send us a copy of your certificate for our records.

Names of Owners, Partners or Officers:

Title:

Email:

1)

2)

Trade References (Fabric Distributors Preferred)

I am new to the Trade

Trade References

Telephone Number

1)

2)

3)

PLEASE ALLOW 2-3 DAYS TO PROCESS YOUR APPLICATION. WITHOUT COMPLETE INFORMATION WE WILL ONLY SHIP PROFORMA. SHOULD WE EXTEND CREDIT, OUR TERMS ARE NET 30 DAYS. ALL SUBMITTED INFORMATION IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE, ACCURATE AND COMPLETE. AUTHORIZATION IS HEREBY GRANTED FOR THE RECEIPT AND EXCHANGE OF CREDIT INFORMATION. A MONTHLY FINANCE CHARGE AS SPECIFIED ON THE INVOICE WILL ACCRUE ON PAST DUE BALANCES. IN THE EVENT WE REFER YOUR ACCOUNT FOR COLLECTION OF THE AMOUNT DUE, THE UNDERSIGNED AGREES TO PAY FOR REASONABLE COLLECTION COSTS AND ALL ACCRUED FINANCE CHARGES.

Applicant's Signature:

Title:

Date:



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Request for Credit Card Terms

Visa

Mastercard

Amex

Name On Card

Billing Address

City, State Zip

Telephone#

Card Number

CVV Code

Expiration Date (MM/YY)

I authorize Stout Brothers Co. Inc. to use the above noted Credit Card to pay for all invoices ordered on my account.

Authorized Signature:

Date:

Printed Name: