

STYLE INSPIRATION, INC.  
 15328 E. VALLEY BLVD.  
 CITY OF INDUSTRY, CA 91746  
 TEL: 626-336-7113 FAX: 626-336-7373  
 EMAIL: SALES@BENISONAPPAREL.COM

## NEW ACCOUNT APPLICATION

LEGAL NAME		DBA ( DOING BUSINESS AS )	
BILLING			
CITY		STATE	ZIP CODE
WEB ADDRESS			
DATE ESTABLISHED	# OF EMPLOYEE	RESALE #	
CONTACT / BUYER		EMAIL	
PHONE #		FAX #	
A/P CONTACT			
PHONE # ( IF DIFFERENT )		FAX # ( IF DIFFERENT )	
SHIP TO ADDRESS ( IF DIFFERENT )			
CITY		STATE	ZIP CODE
TYPE OF BUSINESS <input type="checkbox"/> HOME BASED SCREEN / EMBROIDERY <input type="checkbox"/> SCREEN PRINT / EMBROIDERY <input type="checkbox"/> CORPORATE APPAREL <input type="checkbox"/> OTHER		TERMS: <input type="checkbox"/> CREDIT CARD ( CC AUTHORIZATION FORM ) <input type="checkbox"/> COD COMPANY CHECK <input type="checkbox"/> COD MONEY ORDER / CASHIER CHECK <input type="checkbox"/> NET 30        LIMIT \$	
CREDIT CARD ( VISA, MASTER, AMERICAN EXPRESS )			CARDHOLDER NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	BILLING ADDRESS
EXPIRE DATE	CVC ( 3 DIGIT )	<input type="checkbox"/> KEEP ON FILE FOR FUTURE ORDERS	
<input type="text"/>	<input type="text"/>		ZIP CODE
<small>COD COMPANY CHECK AND NET 30 APPLICATION MUST COMPLETE THE BANK AND TRADE REFERENCES BELOW. CREDIT DECISION CAN TAKE UP TO 10 BUSINESS DAYS.          FASTEST DELIVERY FOR ORDERS IS TO PAY BY CREDIT CARD. ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENTIALITY.</small>			
BANK NAME		TRADE REFERENCE # 1	
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP CODE	STATE	ZIP CODE
PHONE	FAX	PHONE	FAX
BANK ACCOUNT #		CREDIT LIMIT	TERMS
TRADE REFERENCE # 2		TRADE REFERENCE #3	
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP CODE	STATE	ZIP CODE
PHONE	FAX	PHONE	FAX
CREDIT LIMIT	TERMS	CREDIT LIMIT	TERMS

I, AS AN AUTHORIZED REPRESENTATIVE OF THIS COMPANY, AUTHORIZE STYLE INSPIRATION, INC. TO CONTACT OUR BANK AND / OR TRADE REFERENCES TO SHARE CREDIT INFORMATION ABOUT OUR ACCOUNT. ALL INFORMATION PROVIDED HERE IS ACCURATE.  
 I HAVE READ AND AGREED TO ABIDE BY STYLE INSPIRATION, INC.'S TERMS AND CONDITIONS.

AUTHORIZED REPRESENTATIVE NAME	TITLE	SIGNATURE	DATE
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