New Account/Credit Application

New Account Reactivation/Update

Date: ____ / ____ /



Baum Textiles/Windham Fabrics 812 Jersey Ave, Jersey City, NJ 07310 T: 201.659.0444 F: 201.659.9719 windhamfabrics.com dorcas@baumtextile.com

Business Name Primary Contact			h Before Delivery	
Primary Contact		D/B/A		
		Title		
Billing Address				
City	State	Zip		
Shipping Address (if different from Billing)_				
City	State	Zip		
Phone#Mobile#_		Fax#		
Email		Website		
Name of Owner/Officer	Т	itle	Date Established	
Form of Business: Sole Proprietor	ship P	artnership	Corporation	LLC
Type of Business (Check all that apply):				
Quilt Shop Retail	Wholesale	Online (Web)	Catalog/P	ublishing
Manufacturing Other (describe	e)			
Resale Certificate Enclosed Yes	No	Resale #	SS#/Fed Tax	ID#
Number of Locations DUNS#		Lease	Own	l
Credit Cord Accounts (Credit Torm Ar		
Credit Card Accounts (complete section to ope	n a creait cara account)		counts (complete section	n to apply for open terms)
Card: VISA MasterCard Disco	ver AMEX	Bank Name		
Name (As it appears on card)				
			State	
		Phone#		
Billing Address			Fax#	-
Billing Address State		Contact	Account	#
CityState	Zip	Contact Trade Reference	Account	#
	Zip	Contact Trade Reference Phone#	Account	#
City State Card# Exp. Date / /	Zip CVV#	Contact Trade Reference Phone# Contact	Account; Fax# Account;	#
City State Card# Exp. Date / / Would you like a courtesy call prior to shipp	Zip CVV# bing? Yes No	Contact Trade Reference Phone# Contact Trade Reference	Account	#
City State Card# Exp. Date / /	Zip CVV# bing? Yes No	Contact Trade Reference Phone# Contact Trade Reference Phone#	Account	#
City State Card# Exp. Date / / Would you like a courtesy call prior to shipp	Zip CVV# bing? Yes No	Contact Trade Reference Phone# Contact Trade Reference Phone# Contact	Account	#
City State Card# Exp. Date / / Would you like a courtesy call prior to shipp	Zip CVV# bing? Yes No	Contact Trade Reference Phone# Contact Trade Reference Phone# Contact Trade Reference	Account	#
City State Card# Exp. Date / / Would you like a courtesy call prior to shipp	Zip CVV# bing? Yes No	Contact Trade Reference Phone# Contact Trade Reference Phone# Contact Trade Reference Phone#	Accounts	#
City State Card# Exp. Date / Would you like a courtesy call prior to shipp Would you like to keep this card on file?	Zip CVV# bing? Yes No	Contact Trade Reference Phone# Contact Trade Reference Phone# Contact Trade Reference Phone# Contact	Accounts	#

I represent that the above information is true and is given to induce Sterling National Bank to extend credit to the applicant. My company and I authorize Sterling National Bank to make such credit investigation as Sterling National Bank sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Sterling National Bank and all information concerning the financial and credit history of my company and myself.

PERSONAL GUARANTEE: BY MY SIGNATURE BELOW, I HAVE ACCEPTED PERSONAL LIABILITY FOR ALL AMOUNTS DUE STERLING FACTORS CORPORATION AND PROMISE TO MAKE PAYMENTS WITHIN STATED INVOICE TERMS.

Sterling National Bank

Factoring & Trade Finance Divsion 500 Seventh Ave, New York, NY 10018

Date: ____ / ____ / _____



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mpany Name	
dress	
nk Name	

Bank Address _____

Bank Phone	 _
Bank Fax	 _

Your bank requires your signed authorization to release any information.

Kindly sign below and provide your account number. Thank you for your cooperation in this matter.

I hearby authorize you to release information regarding my account/accounts.

Signature

Name

Account Number's

Return to: Sterling National Bank Factoring & Trade Finance 500 Seventh Ave New York, NY 10018 Att: Credit Department Tel: 212-575-8887 Fax: 212 869-5523