



American Linen Company, LLC.

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New York, NY 10001
(P) 770-240-0064
(F) 770-240-0065

CREDIT APPLICATION

Official Company Name: \_\_\_\_\_

D.B.A.: (if applicable): \_\_\_\_\_

Bill to: \_\_\_\_\_

Ship to: (if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Main Phone: \_\_\_\_\_

Main Fax: \_\_\_\_\_

A/P

Fax: \_\_\_\_\_

BUSINESS INFORMATION

Check One: ( ) Corporation ( ) Partnership ( ) Proprietorship ( ) Subsidiary of or ( ) Division of: \_\_\_\_\_

Years in Operation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

D&B #: \_\_\_\_\_ (Please provide us with copies of all tax exemption certificates)

President/CEO: \_\_\_\_\_

VP/Finance: \_\_\_\_\_

Treasurer/Controller: \_\_\_\_\_

A/P Manager: \_\_\_\_\_

BANK INFORMATION

Bank: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

TRADE REFERENCES

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Reference 3: \_\_\_\_\_

Reference 4: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_