

# ESSANCE LINEN INC. dba ESSANCE

2895 Nina Street, Pasadena, CA 91107 Tel: 1-800-377-2623 Fax: 1-626-793-8027

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## CREDIT APPLICATION

Business Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Location of Headquarter / Branches, if differs:  
\_\_\_\_\_  
\_\_\_\_\_

Type of operation: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_  
Owner or Officer: \_\_\_\_\_ Title: \_\_\_\_\_  
Resale ID Number: \_\_\_\_\_ Duns Number: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Years in this location: \_\_\_\_\_  
Line of Business: \_\_\_\_\_

### Business References:

1) Business Name: \_\_\_\_\_ Account No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Business Since: \_\_\_\_\_ Term: \_\_\_\_\_

2) Business Name: \_\_\_\_\_ Account No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Business Since: \_\_\_\_\_ Term: \_\_\_\_\_

3) Business Name: \_\_\_\_\_ Account No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Business Since: \_\_\_\_\_ Term: \_\_\_\_\_

### Bank Information:

Name of Bank: \_\_\_\_\_ Account No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Bank Since: \_\_\_\_\_ Type of Account \_\_\_\_\_

By signing below, I have authorized Essance Linen Inc. to obtain credit information from the above listed businesses and bank for the process of setting up Net 30 Term with Essance Linen Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title of Signer

\_\_\_\_\_  
Date