



Institutional Textiles, Inc.

Online Credit Application

The application can be downloaded electronically. The application that is downloaded can be completed, printed and then mailed or faxed. Please mail financial statements at the address stated below. Upon acceptance, our credit terms require payment within 30 days.

COMPANY INFORMATION

Company Name

Phone Number

Fax Number

Street Address

Address

Mailing Address

Address

Same as street address

City

City

State/Province

Zip/Postal Code

State/Province

Zip/Postal Code

Type of Business

State/Province

If corporation, state of
Incorporation

Nature of Business

Number of Employees

Annual Sales

\$

Maximum Credit Required

\$

D-U-N-S Number

OFFICERS & PRINCIPALS

Officer Name

Officer Name

Home Address

Home Address

City

City

State/Province

Zip/Postal Code

State/Province

Zip/Postal Code

Phone Number

Phone Number

CREDIT REFERENCES

Reference Name	Phone Number	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference Name	Phone Number	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference Name	Phone Number	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

INVOICING INFORMATION

Mail Bills To (Company Name) Same as company name & mailing address

Street/P.O. Box

City	State/Province	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT

Individual or Dept. Responsible For Payment	Email Address
<input type="text"/>	<input type="text"/>
Phone Number	Fax Number
<input type="text"/>	<input type="text"/>
Name of Person Completing Application	
<input type="text"/>	

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