

				ACCOU	INI APP	LICATIO	N				
	e:/		. – .					🚆 812 Je	Fabrics & Anthology Fa	, NJ 07310	
Atten	ew Account D	pleted appl	ication can be emai	led, faxed or mail	ed (see right			⊕ windha	59-0444 FAX (201) 659- amfabrics.com		
incon	nplete application m	ay result in	•	alid Tax ID and Re	esale certific	ate is require	d.	≌@ Custor	merservice@windhamfa	brics.com	
Pay	ment Terms	□ ACH No Fee	□ COD	☐ CRED 3% Fee and Author			WIRE TRA structions provid	NSFER led upon request	☐ NET 60 DAYS Subject to review and approv		
	BILLING					SHIPPING □ Check if same as billing address					
ion	Legal Business DBA Name	_				Name Contact Na	ıme				
Business Information	Address —					-					
	-										
	City Country	· 						State Zip Code Province			
Jes	Phone Fax					Country _ Phone		Mobile			
Busir	Mobile					E-Mail					
	Website				Ship To address is (check one) Residential Commerce				Commercial		
	Year Est.	L	00 (Length of Owner	rship) _{Years}		_ □ FedEx A		·	☐ UPS Acct#		
	Owner's Name			E-Mai				Р	 hone		
(s)	Buyer's Name					Phone					
aci		Payables Name E-Mail				Phone					
Contact(s)					nvoices: 🗆	☐ Mail or ☐ Email			Email		
Ŏ	To:	emailed unles	s otherwise specified.	To: Document(s) wi	ill be emailed	unless otherwis	e specified.	To:) will be emailed unless other	erwise specified.	
4	Please chec			ole Proprietors					☐ Limited Liabili		
Type	☐ Brick & Mor			il □ Wholes	•	Distribution		nufacturer			
Bus	Business Lice	nse #		Resale#		Fed	Tax ID#		DUNS#		
m	Number of Loc	ations	N	umber of Emp	loyees _		Lease	e	Own		
S	Fiscal Closing	Date	,	Yr End Sales		In	terim Sale	!S	# of Moi	nths	
Terms	*Please furnish a copy of the Business Financial Statements and complete page 2 of this app* Projected Yr End Sales										
	Institution Nan	ne				Address					
-actored	Phone	e Fax			City		State Zipcode				
cto	Contact Name	ne Borrowii			rowing Lir	Line of Credit Amount Owing					
T.	Account#					erm Loan Amount Owing					
(A)	Company Nam	Company Name Address							Account#		
Trade References	Contact Name	<u> </u>				Contact Email					
	Company Nam				ess	Account#					
	Contact Name	·				Contact Email					
e P	Company Nam				ess	Account#					
Trac	Contact Name	· · ·				Contact Email					
ACH	Account Name					Bank Name					
	Routing Number Account Number					Account Type					
Ā			dge and authorize Wir			ne bank accoun	t provided for		There is no fee for payment	s by ACH.	
Credit card	Card Type □	I VISA [☐ Mastercard	☐ Discover	□ AME	Name	(as it appears	on the card)			
	Billing Address				City			State Zip Code			
edii	Card #					Expiration Date Month Year CVV#					
Ċ	, , ,	•	dge and authorize Wir will be applied per tran		•	t card provided	for all purchas	ses. You agree to	o have the credit card secur	ely stored on file	
		sees fit, incl	-	oove trade reference	es and banks a	and obtaining c	edit reports. N	1y company and	e WebsterBank to make sud I I authorize all trade refere		

credit reporting agencies to disclose to WebsterBank 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 WEBSTERBANK AND PROMISE TO MAKE PAYMENTS WITHIN STATED INVOICE TERMS.

I have read the terms and conditions stated above and agree to all these terms and conditions.

_____ Signature ____ _ Date ____/___ Print Name __

ACCOUNT APPLICATION

Windham Fabrics & Anthology Fabrics

■ 812 Jersey Avenue, Jersey City, NJ 07310 **(**201) 659-0444 FAX (201) 659-9719

windhamfabrics.com

№ customerservice@windhamfabrics.com

WebsterBank

Factoring & Trade Finance Division 360 Lexington Avenue New York, New York 10017

Date:/		
Company Name		
Address		
Bank Name		
Bank Address ————		
Bank PhoneBank Fax		
Your bank requires your signed Kindly sign below and provide y		ny information. k you for your cooperation in this matter.
I hereby authorize you to releas	se information regarding my	y account/accounts.
Signature		
Name		
Account Number		
Return to: Windham Fabrics		

812 Jersey Avenue Jersey City, NJ 07310 Attention: Customer Service **(** (201) 659-0444 FAX (201) 659-9719