

Brass Elegans, Inc. _____

CUSTOMER CREDIT APPLICATION

CONTACT: _____

Company Name _____

Address _____

City/State/Zip _____

Phone# _____ Fax# _____

E-mail _____ Website _____

Tax I D# _____

Type of Business Showroom Distributor Wholesaler

Bank Name _____

Address _____

City/State/Zip _____

Phone# _____ Fax# _____

Contact _____

REFERENCE#1 CONTACT: _____

Company Name _____

Address _____

City/State/Zip _____

Phone# _____ Fax# _____

REFERENCE#2 CONTACT: _____

Company Name _____

Address _____

City/State/Zip _____

Phone# _____ Fax# _____

REFERENCE#3 CONTACT: _____

Company Name _____

Address _____

City/State/Zip _____

Phone# _____ Fax# _____

Authorized Signature _____ Date _____

**Brass Elegans, Inc. P.O. Box 1131, Cherry Hill, NJ 08034. Phone: 866-951-0370. Fax: 856-489-0134
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