



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company name / DBA / Division:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Savings: <input type="checkbox"/>	Checking: <input type="checkbox"/>	
Account number:	Other: <input type="checkbox"/>		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

AGREEMENT

By submitting this application, you authorize ASD Living to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Print name:	Print Name:
Signature:	Signature:
Title:	Title:
Date:	Date:

ASD Living | 109 W. 134th Street | Los Angeles, CA 90061
Toll Free: 888-633-2008 | Direct: (310) 436-3581 | Fax: 310-515-3878
E-mail: Info@ArtStyleDesignLiving.com | Web: www.artstyledesignliving.com