



(859) 980-1025 Fax (859) 282-2424 TOLL FREE 1-866-629-5646

Insignia Collection Credit Application

Company Name	
Shipping Address_	
	(Street) (City, State, Zip)
1 elepnone # ()	Fax # ()
Federal ID #	JBT #
Ownership:C Pa Sg	orporation artnership Names of Partners gl. Proprietorship Name of Owner
Bank References	
Name of Bank	Acct #
Address	
11441 C55	(Street) (City, State, Zip)
Phone # ()	Fax # ()
Trade References	
*Company Name_	Phone # ()
Address	(Street) (City, State, Zip)
Acct #	(Street) (City, State, Zip) Fax # ()
*Company Name_	Phone # ()
Address	
	(Street) (City, State, Zip) Fax # ()
*Company Name_	Phone # ()
Address	
Acct #	(Street) (City, State, Zip) Fax # ()
	I Terms are Net 15 days following date of statement and agree to pay within t is extended. Past due accounts will be charged a 2% finance charge on any
Person Responsible	e for Company Debts
Home Address	
	(Street) (City, State, Zip)
Social Security #	Signature
Date of Application	n