

New Account/Credit Application
 New Account Reactivation/Update

Date: ___ / ___ / ___

Anthology Fabrics/Baum Textiles/Windham Fabrics

812 Jersey Ave., Jersey City, NJ 07310

T: 201.659.0444 F: 201.659.9719

windhamfabrics.com • gabriel@baumtextile.com

Type of Account Desired: Credit Card Terms ProForma/Cash Before Delivery

Business Name _____ D/B/A _____

Primary Contact _____ Title _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address (if different from Billing) _____

City _____ State _____ Zip _____

Phone# _____ Mobile# _____ Fax# _____

Email _____ Website _____

Name of Owner/Officer _____ Title _____ Date Established _____

Form of Business: Sole Proprietorship Partnership Corporation LLC

Type of Business (Check all that apply):
 Quilt Shop Retail Wholesale Online (Web) Catalog/Publishing

 Manufacturing Other (describe) _____

 Resale Certificate Enclosed Yes No Resale # _____ SS#/Fed Tax ID# _____

Number of Locations _____ DUNS# _____ Lease _____ Own _____

Credit Card Accounts *(complete section to open a credit card account)*
Credit Term Accounts *(complete section to apply for open terms)*

 Card: VISA MasterCard Discover AMEX

Name (As it appears on card) _____

Billing Address _____

City _____ State _____ Zip _____

Card# _____

Exp. Date ___ / ___ / ___ CCV# _____

 I authorize Baum Textile Mills to charge my credit card for all order purchases. I understand that my information will be saved on my account for future transactions.

Would you like:

 to set up an online account? Yes No

 a sales representative to call on you? Yes No

Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

Contact _____ Account# _____

Trade Reference _____

Phone# _____ Fax# _____

Contact _____ Account# _____

Trade Reference _____

Phone# _____ Fax# _____

Contact _____ Account# _____

Trade Reference _____

Phone# _____ Fax# _____

Contact _____ Account# _____

I represent that the above information is true and is given to induce Sterling National Bank to extend credit to the applicant. My company and I authorize Sterling National Bank to make such credit investigation as Sterling National Bank sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Sterling National Bank 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 STERLING FACTORS CORPORATION AND PROMISE TO MAKE PAYMENTS WITHIN STATED INVOICE TERMS.

Print Name _____ Signature/Title _____ Date ___ / ___ / ___

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Sterling National Bank

Factoring & Trade Finance Division

500 Seventh Ave, New York, NY 10018

Date: ___ / ___ / _____

Company Name _____

Address _____

Bank Name _____

Bank Address _____

Bank Phone _____

Bank Fax _____

Your bank requires your signed authorization to release any information.

Kindly sign below and provide your account number. Thank you for your cooperation in this matter.

I hereby authorize you to release information regarding my account/accounts.

Signature

Name

Account Number

Return to:
Sterling National Bank
Factoring & Trade Finance
500 Seventh Ave
New York, NY 10018
Att: Credit Department
Tel: 212-575-8887
Fax: 212 869-5523