



# NEW ACCOUNT APPLICATION FORM

\*For Terms, fill out I & III. \*For Credit Card, fill out I & II.

## I. BILLING ADDRESS

COMPANY/STORE NAME

ADDRESS

CITY/STATE/ZIP CODE

TEL: ( ) -

FAX: ( ) -

EMAIL:

PRIMARY CONTACT:

# OF YEARS IN BUSINESS: \_\_\_\_\_

\*CATEGORY: (PLEASE CIRCLE ONE)

1.CHAIN STORE 2.DEPARTMENT STORE 3.ONLINE STORE 4.SPECIALTY STORE 5.OTHERS: \_\_\_\_\_

## SHIP TO ADDRESS

(IF DIFFERENT FROM BILLING)

COMPANY/STORE NAME

ADDRESS

CITY/STATE/ZIP CODE

TEL: ( ) -

FAX: ( ) -

EIN# / SS#: \_\_\_\_\_

RESALE PERMIT #: \_\_\_\_\_

## II. CREDIT CARD PAYMENTS :

PLEASE CIRCLE ONE: VISA/ MASTER CARD/ AMEX: CVV2#: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CREDIT CARD HOLDER'S NAME

CREDIT CARD NUMBER

BILLING ADDRESS

CITY/ STATE/ ZIP CODE

## III. BUSINESS REFERENCE:

## BANK NAME & ADDRESS:

1) TEL# \_\_\_\_\_ FAX# \_\_\_\_\_ CONTACT: \_\_\_\_\_

FINANCIAL INSTITUTION & ACCT #

2) TEL# \_\_\_\_\_ FAX# \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS

3) TEL# \_\_\_\_\_ FAX# \_\_\_\_\_ CONTACT: \_\_\_\_\_

CITY/ STATE/ ZIP CODE

TEL: ( ) -

FAX: ( ) -

THE ABOVE IS FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES ON THE COMPANY AND THE PRINCIPALS PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

(SIGNATURE)

(NAME)

(DATE)

PLEASE SUBMIT THE COMPLETED FORM AND OTHER REQUIRED DOCUMENTS BY FAX OR EMAIL TO [SALES@AFFINITASINTIMATES.COM](mailto:SALES@AFFINITASINTIMATES.COM).

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