

Credit Application

Date _____

Order Attached? (Y/N) _____

S & S Fashions, Inc.

941 Longfellow Ave, Bronx, NY 10474

Office: 212-290 0009 Fax: 212-208 2953

Warehouse: PH: 718-328 0001 FAX: 718-328 0044

Note: Attach a copy of your State Approved Sales Tax Exemption Certificate. Otherwise, sales tax may be charged to your account.

Company or Corporate Name _____		Trade Name _____	
Billing Address _____	City _____	State _____	Zip Code _____
Shipping Address _____	City _____	State _____	Zip Code _____
Phone # _____	Fax # _____	E-Mail Address _____	
Existing Customer? (Y/N) _____		If Yes, current Account Number _____	

Year started: _____ Federal ID # _____ State Sales Tax Exemption Number (s) _____

(Copy of any applicable Certificates must be attached)

Type of Organization: _____ Corporation _____ Partnership _____ Sole Proprietor

Estimated Annual Apparel Purchases (All Suppliers) \$ _____ Credit Line Requested \$ _____

(A copy of applicant's most recently audited financial statements must be included for Credit Line requests over \$50,000)

Officers or Principals:

Name	Title	SSN (Partnership/Sole Proprietorship only)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accounts Payable Contact: _____ Phone #: _____ Fax# _____

Bank Reference

Name _____ Contact Person _____

City/State _____ Phone # _____ Fax # _____

Accounts: Checking and/or Savings # _____ Loan # _____

Trade Reference (3 Major Suppliers)

Name _____ Phone # _____ Fax # _____

City/State _____ Account # _____

Name _____ Phone # _____ Fax # _____

City/State _____ Account # _____

Name _____ Phone # _____ Fax # _____

City/State _____ Account # _____

I hereby authorize the bank and trade references listed in the credit application to release the information necessary to assist **S & S Fashions, Inc.** in establishing a line of credit. Also authoring **S & S** to run ACH on past due invoices.

Authorized Signature _____ Title _____ Date _____

(Note: Application continued on reverse side. Both sides must be completed to be a valid application.)

Credit Policy

Customer acknowledges that this Credit Application is submitted **S & S Fashions, Inc.** for the purpose of obtaining trade credit and agrees to all of the terms and conditions of **S & S Fashions, Inc.** Policy set forth below.

1. If a customer's check is returned marked "Insufficient Funds" or "NSF", **S & S Fashions, Inc.** reserves the right to charge a \$50.00 handling fee. Future checks will be subject to acceptance by the credit manager.
2. Any order that brings the total amount owed by a customer over its established line of credit is subject to having the order held until the account is paid down within the established line of credit.
3. If a customer's account becomes past due orders are subject to being held until the past due condition is cleared up.
4. Payments on accounts must be received by **S & S Fashions, Inc.** on or before the stated due date as set forth on the **S & S Fashions, Inc.** invoice. In the event that a customer's account becomes past due, **S & S Fashions, Inc.** reserves the right to assess a finance charge of 1.5%, or the highest allowed by applicable state law (whichever is lower), of the unpaid balance per month.
5. In addition to any past due balances owed, if a past due customer account is turned over to a third party for collection, the customer shall pay any accrued finance charges and collection costs up to 25% of the total amount owed at the time the account is placed with the third party. This is regardless of whether or not suit is filed.
6. **S & S Fashions, Inc.** reserves the right to access credit information on any and/or all Principals of applicant business.
7. **S & S Fashions, Inc.** does not accept credit cards to settle invoices that are billed using the customer's credit line. All credit card transactions must be identified and billed as such at the time a customer order is placed.

CERTIFICATION

Customer certifies that all statements in this application are true, correct and complete. Customer also agrees to provide **S & S Fashions, Inc.** updated credit information upon request.

Date _____

Officer/Principal Signature

Title

PERSONAL GUARANTEE

In consideration of credit being

extended _____, the above named applicant, the undersigned guarantor(s) each contract and guarantee

_____ make faithful payment, when due, of all accounts of the applicant for the next 5 years from the date of application. The undersigned guarantor(s) each expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment or demand for payment and any notice of default by applicant and all other notices guarantor(s) might otherwise be entitled to. Revocation of guarantee shall be in writing and delivered by certified mail to.

Name :

Salesman Points _____ Available Points _____

Credit Line Requested \$ _____ Credit Line Recommended

\$ _____ Credit Line Approved _____

Signature Title Date

Approved credit line is different from recommended credit line, approving party must sign below.

Signature Title Date