



Aryana Fashion

COMMERCIAL

180039 Cortney Ct. City of Industry, CA 91748
Phone: 310.880.5554 Fax: 626.965.7757

ACCOUNT #: _____ CREDIT AMOUNT REQUESTED \$ _____

SALES REPRESENTATIVE: _____ TERMS _____ DATE _____

FAX # _____

BUSINESS NAME				BUSINESS PHONE			
BUSINESS ADDRESS			CITY		STATE	ZIP CODE	
BILLING ADDRESS (If different from above)				PROPERTY IS: OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> LEASED <input type="checkbox"/>			
OWNER / MANAGER / BUYER		TYPE OF BUSINESS		TYPE OF OWNERSHIP: Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>			
YEARS IN BUSINESS	INCORPORATED UNDER LAWS OF WHAT STATE	YEAR OF INC.	TAX ID #	RESALE # (Please Attach a Copy)			
NAME & TITLE of PRINCIPLE OWNERS / HOME ADDRESS STOCKHOLDERS PARTNERS / PARENT CORP. 1)				CITY	STATE	ZIP CODE	
PREVIOUS ADDRESS (if under 5 years at present address)				CITY	STATE	ZIP CODE	
IF SOLE PROPRIETORSHIP PLEASE SUPPLY ENTIRE LINE		SOCIAL SECURITY #	DRIVER'S LICENSE (Please Attach a Copy)		STATE ISSUED		
NAME & TITLE of PRINCIPLE OWNERS / HOME ADDRESS STOCKHOLDERS PARTNERS / PARENT CORP. 2)				CITY	STATE	ZIP CODE	
PREVIOUS ADDRESS (if under 5 years at present address)				CITY	STATE	ZIP CODE	
IF SOLE PROPRIETORSHIP PLEASE SUPPLY ENTIRE LINE		SOCIAL SECURITY #	DRIVER'S LICENSE (Please Attach a Copy)		STATE ISSUED		
BANK NAME - CHECKING		ADDRESS	CITY		STATE	ZIP CODE	
BANK CONTACT PERSON		TITLE	ACCOUNT NUMBER		PHONE		
BANK NAME - SAVINGS		ADDRESS	CITY		STATE	ZIP CODE	
If Savings / Checking Account in Under a Different Name Please Check Here <input type="checkbox"/>				Enclose A Voided Copy of Your Check <input type="checkbox"/>			

THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON THE PAGE 2 IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/ WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY / OUR CREDIT AND FINANCIAL RESPONSIBILITY. I / WE GIVE CONSENT FOR MY / OUR BANK(S) TO GIVE A BANK RATING ON MY / OUR ACCOUNT(S).

AUTHORIZED SIGNATURE (On Bank File): _____ DATE: _____



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LOCATION

TRADE REFERENCE	ADDRESS	PHONE	ACCOUNT NUMBER
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TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS COMPLETE AND ACCURATE: THEREFORE IT CAN BE USED AND RELIED UPON IN ESTABLISHING OUR CREDIT WORTHINESS. IT IS UNDERSTOOD AND AGREED THAT ARYANA FASHIONS' TERMS OF SALE ARE UNDERSTOOD AND WILL BE HONORED. IT IS FURTHER UNDERSTOOD AND AGREED THAT IN THE EVENT ANY CHARGES ARE NOT PAID WHEN DUE, THE APPLICANT WILL PAY ALL OF ARYANA FASHIONS' COST OF COLLECTION, INCLUDING BUT NOT LIMITED TO COST/EXPENSE INCURRED BY ARYANA FASHIONS' EMPLOYEE'S, REASONABLE ATTORNEY'S FEES, COURT COST AND SERVICE CHARGE OF 1.5% PER MONTH.

PARTIES AGREE THAT IF ANY SUIT ACTION IS BROUGHT TO ENFORCE ANY PART OF THE TERMS OF SALE, CALIFORNIA LAW JURISDICTION SHALL BE USED AND APPLIED AND VENUE OF SAID WILL BE IN THE DISTRICT OF LOS ANGELES COUNTY.

ACKNOWLEDGE THAT IN THE EVENT CUSTON-MANUFACTURED MERCHANDISE IS RETURNABLE TO ARYANA FASHION WITHOUT AUTHORIZATION, OR DELIVERY REFUSED, WE RELINQUISH ALL RIGHTS AND CLAIMS TO SAID PRODUCT AND MAY STILL BE RESPONSIBLE FOR ITS INVOICED VALUE. WHEN EVER POSSIBLE, ARYANA FASHION WILL DISPOSE OF THE MERCHANDISE AND CREDIT THE DEBTOR'S ACCOUNT FOR THE SELLING PRICE.

TITLE	PRINT NAME	SIGNATURE	DATE
TITLE	PRINT NAME	SIGNATURE	DATE

PERSONAL GUARANTEE

I / WE _____ AND _____
PRINT NAME PRINT NAME

RESIDING AT: _____

FOR AND IN CONSIDERATION OF OUR EXTENDING AT OUR REQUEST CREDIT TO.

NAME OF COMPANY

AGREE TO UNCONDITIONALLY GUARANTEE PAYMENT OF ALL SUMS OWED PURSUANT TO THIS AGREEMENT. THIS IS INTENDED TO BE AND IS A CONTINUEING GUARANTEE AND SHALL NOT BE REVOKED EXECPT BY WRITTEN NOTICE TO THE CREDITOR.

SIGNATURE / _____
SIGNATURE