

APPLICATION FOR CREDIT

COMPANY NAME:		
SHIPPING ADDRESS:		
BILLING ADDRESS:		
COMPANY CONTACT:	PHONE	FAX
PURCHASE ORDER REQUIRED? YES NO		

BANKING INFORMATION

NAME:	
ADDRESS:	
ACCOUNT NUMBER:	
CONTACT:	
PHONE NUMBER:	FAX NUMBER:

TRADE REFERENCES	
(1) NAME:	
ADDRESS:	
PHONE	CONTACT:
FAX	
(2) NAME:	
ADDRESS:	
PHONE	CONTACT:
FAX	
(3) NAME:	
ADDRESS:	
PHONE	CONTACT:
FAX	

FOR IN-HOUSE OFFICE USE ONLY (DO NOT WRITE IN THIS AREA)
STANDARD TERMS: NET 30 DAYS ALL SHIPMENTS: FOB ATLANTA, GA UNLESS OTHERWISE ADVISED

PLEASE FAX COMPLETED FORM TO: ALBERT COHEN
770-409-7259 • 770-409-7240



1-800-241-7708 TOLL FREE / ext 104

DIV. APPAREL SOURCING GROUP, INC.

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