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225 Central Avenue South
Bethpage New York 11714
516 293 2000 fax 516 293 2059

Credit Application

Account #: \_\_\_\_\_

Date: \_\_\_\_\_

Trade Name
Legal Name
Street
City
State
Zip Code
Telephone
Fax
E-Mail Address

Terms Of Sale

Kravet Fabrics, Inc.
Account Terms Desired
Monthly credit line extension requested
Kravet Furniture, Inc. Standard terms: 50% deposit to order, balance before shipment

Key Business Information

Please give name, home address and telephone number of owner or an authorized officer if incorporated.

Name
Home Address
Proprietorship
Social Security #
Partnership
Corporation
Fed. I.D.#
DATE BUSINESS ESTABLISHED
Resale Tax No.
D & B Rating

Type of Business (Please refer to Code # below) Code No \_\_\_\_\_

- 01 Interior Designer W/Shop
02 Interior Designer (Home)
03 Dept. Store, Design Dept.
04 Dept Store, Other
05 Drapery Workroom
06 Upholsterer
07 Carpet/Floorcovering Studio
08 Furniture Store
09 Upholstery Furniture Mfg.
10 Wallpaper Studio
11 Piece Goods/Retail
12 Contract Specifier
13 Contract Purchaser
15 Hospitality Purchaser
16 Office Furniture Dealer
18 Architect
19 Custom Furniture Maker
\*99 Other
\* If your Primary business is not listed, please use Code 99.

References

Trade: Please list 3 active sources. References submitted without account numbers will not be considered.

Name
Street
City
State
Zip
Acct No

Bank: Please note our charge for returned checks is \$15.00.

Name
Street
City
State
Zip
Phone No
Officer
Acct No

Credit Information Release Authorization

It is understood and agreed that, Kravet Fabrics, Inc. and/or Kravet Furniture, Inc. may contact any of the above references, as well as business and consumer reporting agencies for the purpose of establishing credit terms or updating the customer's credit file.

Authorized Signature
Title
Date

**BANK RELEASE INFORMATION AUTHORIZATION**

To: \_\_\_\_\_

You are hereby authorized to give Kravet Fabrics, Inc. and/or  
Kravet Furniture, Inc. any information required concerning my  
Account Number: \_\_\_\_\_  
maintained in the Name Of: \_\_\_\_\_  
with your bank.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Kravet Account Number: \_\_\_\_\_

