

Instant Credit Application

CONFIDENTIAL INFORMATION


<i>For internal use only</i>	
Account#: _____	Terms: _____
Credit Line: _____	Approval Date: _____

Instructions:

1. Please type or print clearly
2. Fill out form completely
3. Make a copy of your credit card (not a business card, debit card, check card etc) and attach where indicated.
4. Sign and date this form.
5. Email to creditapplications@alphabroder.com , fax to 215-291-9497 or Mail to the address above.

CARD BILLING INFORMATION (Where credit card bills are received)	BUSINESS INFORMATION
Cardholder Name:	Business Name:
Address:	Business Address:
City, State, Zip:	City, State, Zip:
Phone:	Business Phone:
Email Address:	Business Fax:

COPY OF THE FRONT OF THE CREDIT CARD (Visa / MasterCard / Discover / American Express)



Attach a copy of the credit card here

(We are unable to accept Business or Debit cards with the program)

**Credit limit up to \$2500
upon approval**

**Credit granted based on
Cardholder's personal credit
worthiness as determined in part by
a Personal Credit Report.**

Issuing Bank: _____

Card Number: _____ Expiration Date: _____

Cardholder's Social Security Number: _____

Terms and Conditions:

Upon submission of signed application, cardholder authorizes Broder Bros., Co. to process a personal credit history report on the cardholder in order to determine cardholder's personal credit worthiness. You will need to provide this signed Credit Application and agree that if your account is not paid within the Net 30 terms, you will lose your 3.8% cash discount and your credit card will be charged. Assigned credit limit will be enforced and payment must be made within 30 days from the date of invoice in order to maintain credit line. Finance charges of 1.5% per month (18% APR) will be assessed on balances not paid within the 30 day terms.

PERSONAL LIABILITY: By signing below, you agree to personally undertake and assume all obligations and agree to be personally liable and bound to pay the creditor and amounts which are due on the account and have failed to pay.

Cardholder Signature _____ Date _____
 (Individually and for the Company) Electronic signature: I acknowledge that my electronic signature to this form will be legally binding. I confirm that I have attached a photo of my state issued ID (driver's license/passport) to accompany this form.
 (The applicant hereby acknowledges that they have read, understood and accept all of the Terms and Conditions as set forth above)