

**FULL TURN**  
CUSTOM APPAREL

**CREDIT APPLICATION TERMS – NET 30**

**Email to Jennifer@fullturndirect.com or Fax to 510-618-1300**

Please complete and sign or sign and attach a copy of your company's standard credit application.

LEGAL NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ACCOUNTING CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCOUNTING EMAIL: \_\_\_\_\_

BUSINESS TYPE: CORPORATION ( ) PARTNERSHIP ( ) PROPRIETORSHIP ( )

LINE OF BUSINESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_ # OF LOCATIONS: \_\_\_\_\_

DUNS# \_\_\_\_\_ OTHER ( ) \_\_\_\_\_

LIST THREE MAJOR SUPPLIERS:

1 - NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ACCOUNT#:

2 - NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ACCOUNT#:

3 - NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ACCOUNT#:

**BANK NAME:** \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT #(S): \_\_\_\_\_

The undersigned authorizes the above listed financial institution(s) to release any account, financial and/ or loan information of \_\_\_\_\_ to Full Turn Custom Apparel, for the purpose of reviewing and credit approving the sale of goods and/ or services.

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

Print Name & Title: \_\_\_\_\_

**\*\*Please provide a copy of a state-issued resale certificate or multi-state certificate if applicable\*\***