Collars and Co. Inc. 8504 Burning Tree Rd. Bethesda, MD 20817 www.collarsandco.com orders@collarsandco.com

Collars & Co.

Submit Application to:

CREDIT APPLICATION				
Company Name		DBA (if applicable)		
Billing Address		City	State	Zip Code
Shipping Address		City	State	Zip Code
Federal ID # or SS #	Website			Year Business Opened
Type of Business				
□ CORPO	RATION	PARTNERSHIP		□ SOLE PROPRIETORSHIP
Type of Account • FRANCHISI	E / STAND ALONE GREEN	N GRASS / COUNTRY CLUB DRIVIN	G RANGE	• OTHER
Would you like to be listed on	the Dealer Locator on Collar	s & Co. website?		
	□ YES	□ NO		
BUYER CONTACT INFORMA Name	ATION Phone #	Email Address		Fax #
Name	Flione #	Littali Address		rax #
ACCOUNTING CONTACT IN		I Frail Address		I Face #
Name	Phone #	Email Address		Fax #
BANK DECEDENCE		<u> </u>		
BANK REFERENCE Company Name		Contact Person		
Address		City	State	Zip Code
Phone	Fax	Email Address		Date Account Opened
BUSINESS REFERENCE #1				
Company Name		Contact Person		
Address		City	State	Zip Code
71441000		City	Joiate	Zip code
Phone	Fax	Email Address		Date Account Opened
BUSINESS REFERENCE #2 Company Name		Contact Person		
Address		City	State	Zip Code
Phone	Fax	Email Address		Date Account Opened
account is submitted to a collection. The undersigned individual when the undersigned individu	ection authority, to pay an add no is either a principal of the	nt be opened, and in the event of defa ditional charge equal to the cost of coll credit applicant or a sole proprietorship the above named business credit grai	ection includes of the cred	ling court costs. It applicant, hereby consents to and
Signature	_		Title	
Printed Name			Date	