



3200 S. Kingshighway, St. Louis, Missouri 63139 (314) 664-4498 p (800) 325-2680 (314) 664-4482 fax

**CREDIT APPLICATION**

**COMPLETED APPLICATION SHOULD BE RETURNED WITHIN 15 BUSINESS DAYS OF ORDER BEING PLACED FOR CREDIT CONSIDERATION. ORDERS WILL NOT BE PROCESSED NOR WILL GOODS BE HELD UNTIL CREDIT IS APPROVED.**

**CORPORATE NAME** \_\_\_\_\_

**D/BA/** \_\_\_\_\_ **TEL.NO.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**NO.OF YEARS IN BUSINESS** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**REQUESTED TERMS:** \_\_\_\_\_ *(PLEASE NOTE THAT OUR STANDARD TERMS ARE NET 30 DAYS, ONLY THE CREDIT MANAGER HAS THE AUTHORITY TO EXTEND TERMS BEYOND THIS. WE ALSO ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS).*

**PERSON TO CONTACT ABOUT ACCOUNT**  
NAME/TITLE/PHONE NUMBER/EXT. \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**OWNERSHIP:** \_\_\_\_\_ **SOLE OWNER** \_\_\_\_\_ **PARTNERSHIP** \_\_\_\_\_ **CORPORATION**

**OWNER (S): Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Tel. No.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Tel. No.** \_\_\_\_\_

**BANK NAME** \_\_\_\_\_ **ACCT. NO.** \_\_\_\_\_

**BANK ADDRESS** \_\_\_\_\_ **BANK TEL. NO.** \_\_\_\_\_

**HAS THIS FIRM OR ANY OF ITS PRINCIPALS EVER FILED BANKRUPTCY?** \_\_\_\_\_

**IF YES, PLEASE GIVE DATES AND EXPLANATION:** \_\_\_\_\_

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**APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE MONIES DUE AQUARIUS LTD. AND/OR THE ULTIMATE ACCESSORY GROUP LLC, INCLUDING ATTORNEY FEES.**

List five suppliers of major products (FACTORS AND FACTORED ACCOUNTS NOT ACCEPTED):

1). Name \_\_\_\_\_ Tel.No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Fax # \_\_\_\_\_ Acct. #/Contact \_\_\_\_\_

2). Name \_\_\_\_\_ Tel.No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Fax # \_\_\_\_\_ Acct. #/Contact \_\_\_\_\_

3). Name \_\_\_\_\_ Tel.No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Fax # \_\_\_\_\_ Acct. #/Contact \_\_\_\_\_

4). Name \_\_\_\_\_ Tel.No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Fax # \_\_\_\_\_ Acct. #/Contact \_\_\_\_\_

5). Name \_\_\_\_\_ Tel.No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Fax # \_\_\_\_\_ Acct. #/Contact \_\_\_\_\_

THE UNDERSIGNED AS AN INDUCEMENT TO GRANT CREDIT WARRANTS THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT. YOU ARE AUTHORIZED TO INVESTIGATE THE CREDIT REFERENCES LISTED ABOVE.

\_\_\_\_\_  
AUTHORIZED SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

*I understand that by signing this form that I am applying for credit with both Aquarius Ltd. and the Ultimate Accessory Group LLC*