

SIMON & SIMON OFF PRICE APPAREL

CREDIT INFORMATION

BUSINESS NAME:	PHONE:		
BUSINESS ADDRESS:			
CITY:	STATE:	ZIP:	
PRINCIPAL(S):	HOW MANY YEARS IN BUSINESS?:		
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETORSHIP	FEDERAL ID No.:
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
HOME PHONE:	CELL PHONE:		

CREDIT REFERENCES

1 COMPANY:	CONTACT NAME:	
ADDRESS:	PHONE:	
CITY:	STATE:	ZIP:
2 COMPANY:	CONTACT NAME:	
ADDRESS:	PHONE:	
CITY:	STATE:	ZIP:
3 COMPANY:	CONTACT NAME:	
ADDRESS:	PHONE:	
CITY:	STATE:	ZIP:

BANK REFERENCE

BANK NAME:	CHECKING ACCT. NO.		
ADDRESS:	CONTACT NAME:		
CITY:	STATE:	ZIP:	
<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	CREDIT CARD No.:

PLEASE COMPLETE AND RETURN THIS FORM WITH A COPY OF YOUR DRIVERS LICENSE TO:

135 BLUXOME STREET, SAN FRANCISCO CA 94107
PHONE 415.541.7787 . FAX 415.541.0524