



APPLICATION FOR CREDIT

FROM:			
NAME OF FIRM OR INDIVIDUAL			
ADDRESS			YEARS AT THIS ADDRESS
CITY	STATE	ZIP	AREA CODE PHONE NUMBER

TO: DESIGN VISIONS P. O. BOX 595192 Dallas, TX 75359	HEREBY applies for credit in accordance with the terms and conditions of:
	CREDIT MANAGER
	OUR NORMAL CREDIT TERMS

The following information must be provided. It will be held in the strictest confidence.

Corporation Check here if incorporated in the past 12 months Partnership Individual Resal number

1.	NAME(S) OF PRINCIPALS	COMPLETE ADDRESS	() PHONE
2.			
3.			
4.			
BANK	BANK OFFICER OR DEPARTMENT		
BANK ADDRESS	PHONE		

REFERENCES:			
1.			PHONE
2.			PHONE
3.			PHONE
4.			PHONE

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature _____ Title _____ Date _____ 19__

(Please do not write in this area)	
VERIFICATION:	
REFERENCES CHECKED BY	CREDIT APPROVED BY
REFERENCE RESULTS	CREDIT REFUSED BY
	DATE