

Elegant Moments

PO BOX 9
PECKVILLE, PA 18452

CALL TOLL FREE... 800-876-4363
FAX 570-489-5619

NEW ACCOUNT APPLICATION

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

OWNER'S NAME: _____ EMAIL ADDRESS: _____

AUTHORIZED BUYER'S NAME: _____

TYPE OF OWNERSHIP: PARTNERSHIP___ OTHER___

HOW DID YOU HEAR ABOUT ELEGANT MOMENTS: TRADE SHOW___ INTERNET___
REFERRAL___ OTHER___

PLEASE CHECK AND COMPLETE THE PROPER INFORMATION FOR THE TERMS YOU ARE REQUESTING:

COD CASHIERS CHECK/MONEY ORDER_____ COD COMPANY CHECK_____ PREPAY_____

CREDIT CARD# (VISA AND M/C ONLY) _____ EXP DATE _____

NAME ON CREDIT CARD _____ PERSONAL___ BUSINESS

TRADE REFERENCES:

1)COMPANY: _____ CONTACT: _____

PHONE _____ FAX _____

2)COMPANY: _____ CONTACT: _____

PHONE _____ FAX _____

3)COMPANY: _____ CONTACT: _____

PHONE _____ FAX _____

IF YOU HAVE NO TRADE REFERENCES THE FIRST 2 ORDERS MUST BE PREPAID WITH A MONEY ORDER,
CASHIER'S CHECK, CERTIFIED CHECK OR BY CREDIT CARD.

BANK REFERENCE

BANK NAME:

PHONE NUMBER:

CONTACT PERSON:

ACCOUNT:

IF YOU ARE REQUESTING NET 30 OR COMPANY CHECK TERMS, A SEPARATE CREDIT APPLICATION MUST
BE COMPLETED PRIOR TO SHIPMENT.

*****PLEASE INCLUDE A HARD COPY OF YOUR BUSINESS LICENSE OR TAX ID WITH THIS APPLICATION.*****