



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.\*\*\***