

Credit Application Form

Application for a 30 day account and personal guarantee of payment. The following information is submitted for consideration as a basis of extension of credit.

(Signature)

Sign and Print Name

Dee Givens & Co.

2510 Wisconsin Ave. Downers Grove, IL 60515 800-544-2427**630-968-5100 630-968-5773 fax. orders@RaindropsBaby.com

Date

us a susis of extension of	of credit.		. ,	
Customer				
Store Name:		Phone Number:		
		Fax. Number:		
* •				
City, State, Zip				
E-mail Address:				
Owner's Name:		Social Security Number:		
Owner's Address:		Home Phone Number:		
		Landlord Phone Number:		
Type of Ownership				
Proprietorship	, Partnership	, Corporation	,LLC	
		Date of Current Ownership:		
		Sales Tax #		
Bank Reference				
_		Savings Account #		
Business Loan #				
Officer's Name		Phone Number		
Trade ReferencesFirm Nan	ne, Account #, City and Sta	ate, Phone Number		
	•			
1)				
2)				
4)				
5)				
Other Affiliated Stores (if mo	ore space is needed please us	e back of form, or e-mail separately).		
	*			
	A			
If store is open less than one	year, please describe your ex	sperience in children's wear or other retail:		
within the prescribed terms of sa	ale, Net 30 days, and understand gree to pay any and all legal fee	ase any and all information pertaining to my accord accounts past due 31 days from invoice date wites as well as interest accrued, if necessary to collective & Co.	ll be subject to a service charge	