

DuMonde Trading, Inc.
 14100 U.S. Hwy 19 N #107
 PHONE: 727/216-6419 FAX: 727/216-6423
sales@blackmountainapparel.com

CREDIT APPROVAL INFORMATION

Corporate and Reference Data

Client Name _____ Representative _____
 Business Name _____ DBA _____
 Street Address _____ Business _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ State of Incorporation _____

- Corporation
- Proprietorship
- Partnership

OWNERSHIP

NAME:	HOME ADDRESS:
PHONE:	SOCIAL SECURITY NO:

NAME OF SUPPLIERS

Name/Factor	Street Address
Telephone #	City State Zip
Name/Factor	Street Address
Telephone #	City State Zip
Name/Factor	Street Address
Telephone #	City State Zip

NAME OF BANK

Name	Street Address
Telephone #	City State Zip

CREDIT CARD AUTHORIZATION

CARD TYPE:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
CARD NUMBER:	EXPIRATION DATE:			
NAME AS IT APPEARS ON CARD:				
CARD BILLING ADDRESS:				

The undersigned authorizes the above bank(s) to release credit information to Dumonde Trading, Inc.

Signature _____ A/C # _____ Date _____