



CENTURY hosiery, inc.

Quality Medical Products

BUSINESS CREDIT APPLICATION

Century Hosiery Inc.
 P.O. Box 1410
 Denton, NC 27239
 336-859-3806

For fast credit approval
 Please fax this form to:
 336-859-2980

COMPANY NAME	TYPE OF BUSINESS	PHONE NUMBER	FAX NUMBER
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Billing Address

Shipping Address

City	State	Zip	City	State	Zip
Type of Ownership: <input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole proprietor	Years in business	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Government	<input type="checkbox"/> Non-Profit	(If yes, please include resale card with application)			

Parent company names (if different than above) _____

Address _____ Fax Number: _____

City _____ State _____ Zip _____

Bank References

1. _____
 Name _____ Phone Number _____ Fax Number _____
 Account Number _____ Contact: _____

2. _____ Name _____
 Phone Number _____ Fax Number _____
 Account Number _____ Contact: _____

Open Accounts References

1. _____
 Name _____ Phone Number _____ Fax Number _____

Address _____ City _____ State _____ Zip _____

2. _____
 Name _____ Phone Number _____ Fax Number _____

Address _____ City _____ State _____ Zip _____

3. _____
 Name _____ Phone Number _____ Fax Number _____

Address _____ City _____ State _____ Zip _____

AUTHORIZED SIGNATURE: _____

DATE: _____

PRINT NAME: _____

TITLE: _____

OFFICE USE ONLY:

CREDIT LIMIT: _____

DATE: _____

APPROVED BY: _____