



Designer Tex-Styles & Trims
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410 398 8889 Fax 410 398 2265 kantasons@gmail.com

REQUEST FOR CREDIT FORM

Name of your business: _____

Contact Name: _____

Phone: _____ Fax: _____

Address: _____

City, State & Zip: _____

TAX ID / RESALE # _____

Along with this form please fax a copy of your Tax ID / Resale Certificate.

References: Bank _____ A/C # _____

Phone: _____ Contact: _____

1. Supplier's Name: _____

Phone: _____ Fax: _____ Your A/C # _____

2. Supplier's Name: _____

Phone: _____ Fax: _____ Your A/C # _____

3. Supplier's Name: _____

Phone: _____ Fax: _____ Your A/C # _____

4. Supplier's Name: _____

Phone: _____ Fax: _____ Your A/C # _____

I / We understand that the merchandise shipped to me / us belongs to K & I / Kosha Collections (and they have the first right on the merchandise) till the merchandise are PAID for in FULL by me / us.

I / We authorize you to ask and get the necessary information from the above links and references.

Name

Title

Date

Your Signature