

P.O. Box 2389

Phone 888-223-0690 or 800-228-1685 Fax 402-939-3121 creditdept@oriental.com

APPLICATION FOR CREDIT

	***************************************		Phone Number	
City	State		Fax Number	
Fed Tax ID#	Dautu aughin	Tax Exempt # (If Applicable) PO Required:YESNO		
Corporation		hich State Incorporated:NO		
Chain		mait state into poraceu.		
:	(P)	ease attach list of all store locations)		
Principal Partner	Owners' Name			
Address:	State:	7:		
City: Principal Partner		Zip:		
Address:				
City:	State:	Zip:	Phone Number	
Expected Monthly Dollar Volume				
Accounts Payable Contact		Phone Number		
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CREDIT REFERENCES	(PLEASE LI	IST ADDITIONAL BANKS OR VEN	DORS ON SEPARATE SHEET)	
BANK		COMPANY NAME	COMPANY NAME	
ACCOUNT OFFICER	ACCOUNT NO.	ACCOUNT NO.	ACCOUNT NO.	
ADDRESS		ADDRESS	ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	CITY, STATE, ZIP	
PHONE NUMBER		PHONE NUMBER	PHONE NUMBER	
COMPANY NAME		COMPANY NAME	COMPANY NAME	
ACCOUNT NO		ACCOUNT NO.	ACCOUNT NO.	
ADDRESS		ADDRESS	ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	CITY, STATE, ZIP	
PHONE NUMBER		PHONE NUMBER	PHONE NUMBER	
		n to MORRISCOSTUMES or its subsidia with credit terms set forth by MORRIS C		
/We acknowledge that service charges the date the invoice becomes due date the invoice becomes due an		(2 º/0 per month or the maximum legal open account status is automatic afte	rate can be charged 1 (one) day from ran invoice is unpaid 45 days from the	
	ist due amounts including,	but not limited to, actual attorney fees	, collection fees	
and court costs. By signing the Credit Application, the si	gner agrees to the terms a	nd conditions set forth.		
	CORPORATE OFF	ICER GENERAL PARTNI	ER	
		SAME SAME AND A COMMITTEE OF THE COMMITT		