

DESSY GROUP ACCOUNT APPLICATION

THE DESSY GROUP

FAX TO CREDIT DEPT. 347-438-3182
 TEL: 646.638.9600 X.126, X117
 118 WEST 20TH STREET NEW YORK NY 10011

FOR THE PURPOSES OF ESTABLISHING CREDIT WITH CREDITOR I/WE, THE UNDERSIGNED, WARRANT THE FINANCIAL INFORMATION TO BE TRUE, CORRECT AND TO THE BEST OF MY KNOWLEDGE AND HEREBY AUTHORIZE ANY CREDIT INVESTIGATION NEEDED FOR VERIFICATION OF CORPORATE AS WELL AS PERSONAL INFORMATION.

NAME OF BUSINESS (DBA)		FED TAX ID#	
CORPORATE NAME		SOLE <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
CORPORATION <input type="checkbox"/>		DATE BUSINESS STARTED	
STREET ADDRESS		DATE BUSINESS STARTED	
BILLING ADDRESS (IF DIFFERENT)		CITY, STATE	ZIP
BUSINESS TELEPHONE ()	FAX NUMBER ()	E-MAIL ADDRESS (REQUIRED)	
NAME OF ACCOUNTS PAYABLE CONTACT		ACCOUNTS PAYABLE TELEPHONE NO. ()	
BANK NAME AND BRANCH ADDRESS		BUSINESS CHECKING ACCOUNT NUMBER	
BANK CONTACT		BANK CONTACT TELEPHONE NUMBER ()	

NAME AND HOME ADDRESS OF OFFICERS, PARTNERS, OWNERS, OR OTHER RESPONSIBLE PARTIES.

1.	FULL NAME	TITLE	SS#
	STREET ADDRESS	CITY, STATE, ZIP	
2.	FULL NAME	TITLE	SS#
	STREET ADDRESS	CITY, STATE, ZIP	
3.	FULL NAME	TITLE	SS#
	STREET ADDRESS	CITY, STATE, ZIP	

LIST THREE PRINCIPAL SUPPLIERS WITH WHOM YOU HAVE MAINTAINED CREDIT FOR AT LEAST ONE YEAR.

1.	COMPANY NAME	TELEPHONE NO. ()
	STREET ADDRESS	CITY, STATE, ZIP
2.	COMPANY NAME	TELEPHONE NO. ()
	STREET ADDRESS	CITY, STATE, ZIP
3.	COMPANY NAME	TELEPHONE NO. ()
	STREET ADDRESS	CITY, STATE, ZIP

WE THE UNDERSIGNED DO HEREBY JOINTLY AND SEVERALLY AND PERSONALLY GUARANTEE THE PROMPT PAYMENT OF ANY AND ALL INDEBTEDNESS OF THE APPLICANT TO THE SELLER ACCORDING TO THE TERMS HEREOF AND ON THE REVERSE SIDE. I/WE AGREE TO THE JURISDICTION OF THE COURTS OF THE STATE OF NEW YORK IF SUIT OR ACTION IS INSTITUTED TO COLLECT ANY UNPAID PORTION OF THIS ACCOUNT.

SIGNATURE

DATE

SIGNATURE

DATE