

***REQUIRED FIELDS**

***BILLING ADDRESS:**

*COMPANY/STORE NAME

*ADDRESS

*CITY/STATE/ZIP CODE/COUNTRY

*TEL #: () - *FAX: () -

***SHIPPING ADDRESS:
(IF DIFFERENT FROM BILLING)**

*COMPANY/STORE NAME

*ADDRESS

*CITY/STATE/ZIP CODE/COUNTRY

*TEL #: () - *FAX: () -

OWNER:

_____ *E-MAIL:	_____ WEBSITE:
_____ # OF YEARS IN BUSINESS:	_____ EIN #:
_____ SSN#:	_____ RE-SALE PERMIT #:

***CATEGORY:**

PLEASE CHECK ONE

CHAIN STORE
 DEPARTMENT STORE
 ONLINE STORE
 SPECIALTY STORE
 OTHER: _____

BUSINESS REFERENCE:

FOR TERMS ONLY

_____ TEL #: () -	_____ FAX: () -
_____ CONTACT:	
_____ TEL #: () -	_____ FAX: () -
_____ CONTACT:	
_____ TEL #: () -	_____ FAX: () -
_____ CONTACT:	

***CREDIT CARD PAYMENTS:**

PLEASE CHECK ONE

VISA
 MASTER CARD
 AMEX
 CALL FOR AUTHORIZATION

_____ CREDIT CARD HOLDER'S NAME	_____ CREDIT CARD NUMBER
_____ BILLING ADDRESS	_____ EXP. DATE: CVV2 #:
_____ CITY/STATE/ZIP CODE/COUNTRY	_____ CITY/STATE/ZIP CODE/COUNTRY

THE ABOVE IS FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION AND IS WARRANTED TO BE TRUE. I/WE HERBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES ON THE COMPANY AND THE PRINCIPLES PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

*SIGNATURE

*PRINT NAME

*DATE

FAX OR EMAIL THE COMPLETED FORM TO:

US HEADQUARTERS

FAX: 562. 213. 0605 / 626. 956. 0745
EMAIL: SALES@PARFAITLINGERIE.COM

CANADA OFFICE

FAX: +(1) 888. 841. 7051
EMAIL: SALES@PARFAITLINGERIE.COM

UK OFFICE

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