



COMMERCIAL ACCOUNT APPLICATION

For Office Use Only

Company Name _____
Business Address _____
City _____ State _____ Zip Code _____
Phone _____ Mobile _____ Fax _____
Email Address _____ EIN# _____
Tax ID # _____ Reseller's License # _____
Date business established _____
 Partnership Corporation Sole Proprietor LLC Government

Principal Contact

Name _____ Title _____
Phone _____ Mobile _____ Email _____

Approved Buyers for Commercial Account

1. _____ Name _____
2. _____ Name _____
3. _____ Name _____

Method of Payment

Credit Card Check

Credit Card Customers Only:

Visa MasterCard American Express

Card Number _____ Expiration Date _____ Code _____

BILLING ADDRESS AS IT APPEARS ON THE CREDIT STATEMENT

Name of Card Holder _____ Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email (for receipts) _____

_____, I, the undersigned, am authorized to submit this information on behalf of the above-named company for the purpose of opening a commercial account for said company.

_____, I understand that opening a commercial account does not result in an approved credit application with Napa Valley Linens and that if I want to apply for credit with associated payment terms I need to submit a Commercial Credit Application.

_____, I understand that without approved credit limit the terms of the invoices from Napa Valley Linens will be upon deliver and I hereby authorize Napa Valley Linens to charge the credit card submitted with the commercial account application.

_____, I understand that Napa Valley Linens will no longer accept orders if any payment is outstanding, unless I have an approved credit limit.

Company Representative _____ Signature _____

Title _____ Date _____