



Dr Delphinium Designs & Events
5806 Lovers Lane
Dallas, TX 75225
214.522.9911
214.525.1240 (fax)
www.drdelphinium.com

Credit Account Application

Date of Application: _____

Account Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone Number: _____ Business/Cell Phone Number: _____

Fax Number: _____ Email Address: _____

A/P Contact: _____ A/P Phone: _____

A/P Fax: _____ A/P Email: _____

Authorized Users of the Account: _____

Legal Status: Partnership: _____ Proprietorship: _____ Corporation: _____

Type of business: Retail: _____ Wholesale: _____ Other (specify): _____

Tax: Exempt _____ Non-exempt _____

Credit References:

1) Name/Contact: _____ Phone: _____

Address: _____ Acct # _____

2) Name/Contact: _____ Phone: _____

Address: _____ Acct # _____

Officers/Owners:

Name/Title: _____ Phone: _____

Home Address: _____

Name/Title: _____ Phone: _____

Home Address: _____



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Bank Reference:

Name of Bank: _____

Location: _____

Phone Number: _____

Personal Guarantor:

In consideration of any extended credit, the following individual guarantees full and prompt payment for all indebtedness and agrees that all amounts not paid within the below terms may be charged to the following credit card accounts.

Individual: _____ Title: _____

Credit Card Type: _____ Credit Card Number: _____

Exp: _____

Individual: _____ Title: _____

Credit Card Type: _____ Credit Card Number: _____

Exp: _____

Applicant's Signature: _____ Title: _____

Print Applicant's Name: _____ Title: _____

Please explain any billing instructions:

Terms: Applicant's signature attests financial responsibility and agreement to pay invoices in accordance with the terms set forth by Dr. Delphinium Designs and Events.. Terms set forth at the time of application are all invoices are DUE UPON RECEIPT. Any invoices unpaid after thirty days will be subject to a 2% Finance Charge, and then billed to the Guarantor's Credit Card Account.