

Charleston Girl PERFUME

• P.O. BOX 80996 • CHARLESTON, SC 29416 • FAX: 888 445 8022 • PHONE: 843 729 3451 •
SALES@CHARLESTONGIRLPERFUME.COM

NET 30 CREDIT APPLICATION

Terms of Credit:

1. N30 payment terms require a minimum order of \$500. Any orders placed by approved N30 account that do not meet this requirement must be paid by credit card before order ships.
2. A **check payment** is expected within 30 days of invoice date. Credit card payments **are not** accepted for accounts utilizing N30 terms. If you would like to pay with credit card you must do so before your order ships.
3. Payment terms are “Net 30 Days”, check payment being due within 30 days from the date of invoice unless alternative terms are agreed upon by Charleston Girl LLC in writing.
4. Due date is noted on each issued invoice. Invoices not paid within this period will incur a service charge at the rate of 2.5% per month on any outstanding overdue balance.
5. Accounts that default on payment will be denied further terms. To regain credit terms, the account must re-establish a positive payment history of at least three payments and re-apply for credit terms the following year.

I _____ of _____ hereby authorize Charleston Girl LLC to verify any credit information provided by this source document. I further authorize our banks, trade references and financial institutions the right to release by telephone or fax all credit information requested by Charleston Girl LLC. We understand that ANY information obtained by Charleston Girl LLC will be held in confidence. The requested information will be used solely in assisting and securing credit terms for the applicant.

(Please fill out all sections of application on back)

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Contact Information		(Please complete all fields in this section.)
Company Name :		
Owner Name :	Shipping Address :	
Store Number :		
Store Email Address :	Fax:	
Accounts Payable / Accounting Information		(Please complete all fields in this section.)
A/P Contact Name :	Billing Address :	
A/P Phone Number :		
A/P Fax Number :		
A/P Email Address :		
Additional Company Information		(Please complete all fields in this section.)
Who do we contact if your payment is late?		
Title:		
Best Contact Number:	Second Best Contact Number:	
Best Email:	Second Email:	
Credit / Trade References		(Please complete all fields in this section.)
Company Name :	Phone Number :	
Address :	Fax Number :	
	Current Credit Limit :	
Company Name :	Phone Number :	
Address :	Fax Number :	
	Current Credit Limit :	
Finance		(Please complete all fields in this section.)
Bank Name:	Contact Person:	
Address :	Account Number:	
Phone:	Fax Number :	

Dealer Principal name printed: _____

Dealer Principal signature: _____ Date: _____