



**Retailer Application Form**

This form will be submitted for credit approval only. All information is confidential. Please fax completed form together with a copy of your business registration license and photo ID to 718-728-1555/718-728-9144.

**Company Name, Address and Contact Information**

Business Name (Legal Name)		
If Doing Business as (DBA), please indicate name:		Date Business Started:
Billing Address (Street Address):		
City:	State:	Zip:
Phone:	Fax:	e-mail:
Shipping Address:		

**Owners, Partners, Corporate Officers**

Full Name:	Title:	Social Security #:
Home Address:	Home Phone:	Cell:
Full Name:	Title:	Social Security #:
Home Address:	Home Phone:	Cell:

**Bank References and Credit Card**

Bank Name:	Bank Name:
Bank Officer Name:	Bank Officer Name:
Address and phone:	Address and phone:
Credit Card #: (will not be charged without your permission)	Business Tax ID#:

**Trade References**

Company name:	Company name:
Contact name:	Contact name:
Address:	Address:
Phone and Fax:	Phone and Fax:
Account opened since:	Account opened since:
Credit limit:	Credit limit:

**Actex International Corp.**

18-45 Steinway St, Long Island City, New York 11105 T. 718 728 1500 F. 718 728 1555/ 728 9144  
www.actexmenswear.com