



## Parkersburg Credit Application

Please fill this application out completely in order to process your request without delay. Please fax completed application to 304-905-0275 or email: vcook@studioscrubsllc.com

General Information:			
Business Name:			
DBA:	Phone:	Fax:	
Street:			
City:	State:	Zip:	
Tax ID:	A/P Contact:		
Form of business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Owners:		SSN of Owner:	
Requested Line of Credit: (\$500 minimum)		Year Established:	
Accounts Payable Contact:			
Name:		E-mail:	
Phone:		Fax:	
Bank Reference:			
Name of Bank:		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Street:			
City:	State:	Zip:	
Phone:		Fax:	
Suppliers References (List at least one):			
Name:		Account #:	
Street:			
City:	State:	Zip:	
Phone:		Fax:	
Name :		Account #:	
Street:			
City:	State:	Zip:	
Phone:		Fax:	
Name :		Account #:	
Street:			
City:	State:	Zip:	
Phone:		Fax:	

Studio Scrubs Parkersburg, LLC  
 414 Grand Park Drive, Suite 5, Parkersburg, WV 26105  
 304-916-1464\*Fax: 304-916-1465  
[www.studioscrubsllc.com](http://www.studioscrubsllc.com)



Purchasing Information

The following individuals will be placing orders:

---

---

Anyone placing orders on our behalf is deemed authorized (Signature) \_\_\_\_\_

Are purchase orders required to charge your account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is special billing or vouchering required? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please describe and attach sample of required form(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monthly invoices will automatically be emailed to accounts payable.

I hereby represent that I am authorized to submit this application on behalf of the customer named above and that the information provided is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Studio Scrubs Parkersburg, LLC to investigate the references listed pertaining to our credit and financial responsibility. I understand that this may include obtaining written documentation of my personal credit report. I agree and understand that all necessary collection, legal expense, and interest (at 1.5% per month), may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices in full within the established 30 day terms.

Name (Printed): \_\_\_\_\_

Signature : \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax completed application to Corporate Office- 304-905-0275 or scan and email to Regional Manager – Vickie Cook: [vcook@studioscrubsllc.com](mailto:vcook@studioscrubsllc.com)**

Studio Scrubs Parkersburg, LLC  
414 Grand Park Drive, Suite 5, Parkersburg, WV 26105  
304-916-1464\*Fax: 304-916-1465  
[www.studioscrubsllc.com](http://www.studioscrubsllc.com)