

Egiftbaskets Inc

Credit Application

Phone: (800) 330-5313

Fax: (302) 258-1000

<http://www.egiftbaskets.com>

Amount of credit requested \$ \_\_\_\_\_

soc Sec # \_\_\_\_\_

**Please Fax Your Completed Application to: (302) 258-1000  
Or mail to: 8950 W. Olympic Blvd Suite 252 Beverly Hills Ca 90211**

**We welcome your interest in doing business with our company! All information submitted will be held in strictest confidence and used solely for reference purposes within our credit department.**

**1. INFORMATION NEEDED TO SET UP YOUR ACCOUNT:**

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

Full Legal Name/Business Entity: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

(If different than above)

Person to Contact Regarding the Account: \_\_\_\_\_

**2. BANK INFORMATION:**

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**3. REFERENCES: (Do not list credit or C.O.D. suppliers)**

Company: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_

Company: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_

Company: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_

**4. Personal DECLARATIONS:**

Have you ever been delinquent in payment of any financial obligation?

Yes No If yes, please explain.

Have you ever been a defendant in an unlawful detainer and/or breach contract lawsuit?

Yes No If yes, please explain.

**I authorize egiftbaskets.com to receive full information as requested relating to our bank and credit experiences.**

Authorized Name: (Please print clearly) \_\_\_\_\_

Authorized Name: (Please sign) \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NONPAYMENT**

You understand that all purchases will require authorization. If your account balance is delinquent or in default, we may not authorize a purchase and we, at our discretion, may cancel your account.

**ACCEPTANCE OF AGREEMENT/PROMISE TO PAY**

The use of your account by you or anyone whom you authorize or permit to use your account means you accept this agreement. You agree to pay in U.S. dollars for all purchases, including applicable finance charges and other late fees and charges, incurred by you or anyone you authorize or permit to use your account, even if you do not notify us that others are using your account. All funds must be drawn on funds on deposit in the U.S.