







800-321-3524



page 1 of 2

westernHotelSupply.com 800-645-3856

Thank you for your interest in obtaining an open credit account with Corporate Image Group. Please fill out both pages of the information provided. All information is kept strictly confidential. Please fax your completed forms to 800-351-4110 or email to credit@corporateimagegroup.com.

Business Name:		Corporation	Corporation Name:			
CONTACT INFO	PRMATION:					
General Manager:		Asst. Mana	Asst. Manager:			
Phone:	Cell:	Fax:	Email:			
Person Authorized to						
BILLING INFOR						
Business Name:						
Address 1:	Address 2:					
City, State, Zip:						
Accts. Payable Conta	act:					
Phone:	Cell:	Fax:	Email:			
SHIPPING INFO	_	ve to complete this section.)				
Name / Business Nar	me:					
Address:						
City, State, Zip:						
Phone:	Cell:	Fax:	Email:			

Be sure to fill out page 2 as well, that is part of your application.









800-321-3524



OWNER / OPERATOR INFORMATION:

Date of Ownership	D:				
Name:			Title:	% Ownership:	
Address:			City, State, Zip:		
Phone:	Cell:	Fax: _	Email:_		
BANKING:					
Bank Name:			Contact:		
Address:			City, State, Zip:		
Phone:	Fax:	Email:	il:		
TRADE REFE	ERENCES: #1				
Company:			Contact:		
Address:			City, State, Zip:		
Phone:	Fax:	Email:	·		
TRADE REFE	ERENCES: #2				
Company:			Contact:		
Address:			City, State, Zip:		
Phone:	Fax:	Email:			