

New Account/Credit Application
☐ New Account ☐ Applying for Factored Terms

Date: ____/____/____

Anthology Fabrics|Baum Textiles|Windham Fabrics

812 Jersey Ave., Jersey City, NJ 07310

T: (201) 659-0444 F: (201) 659-9719

windhamfabrics.com • customerservice@baumtextile.com

Type of Account Desired: ☐ ACH ☐ COD ☐ CREDIT CARD ☐ WIRE TRANSFER ☐ NET 60 DAYS FACTORED

***Please Note: Initial Order Must Be Paid via Credit Card or ACH.**

BILLING	SHIPPING <input type="checkbox"/> Check if same as billing address
Company Name _____	Company Name _____
DBA (if applicable) _____	DBA (if applicable) _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Country _____ Province _____	Country _____ Province _____
Phone _____ Mobile _____	Phone _____ Mobile _____
Fax _____ Website _____	Fax _____ Contact _____
Name of Owner/Officer _____	FedEx (Acct#) _____ UPS (Acct#) _____
Title _____ Date Established _____	Address is Considered <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Contact for: Order Confirmations E-Mail _____	Invoices E-Mail _____
Please note: Order Confirmations and Invoices will be emailed unless otherwise specified.	
Form of Business (check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Type of Business (Check all that apply):	
<input type="checkbox"/> Quilt Shop <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Online <input type="checkbox"/> Distribution <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other (Describe) _____	
Resale Certificate Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No Resale# _____ SS#/Fed Tax ID# _____	
Number of Locations _____ Number of Employees _____ DUNS# _____ Lease _____ Own _____	

CREDIT CARD (complete section to open a credit card account)	NET 60 DAYS FACTORED (complete section to apply for terms)
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	*Trade references are required. Credit terms are issued based on providing financial data.
Name _____ <small>(As it appears on the card)</small>	FINANCIAL STATEMENTS/PLEASE FURNISH COPY
Billing Address _____	Fiscal Closing Date _____
City _____ State _____ Zip Code _____	Year End Sales _____ Interim Sales _____
Card# _____	# of Months _____ Projected Year End Sales _____
Expiration Date ____/____/____ CVV# _____	BANK REFERENCE
	Institution Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____
	Contact _____ Account# _____
	Borrowing Line of Credit _____ Amount Owing _____
	Term Loan _____ Amount Owing _____
I authorize Baum Textile Mills to charge my credit card for all order purchases. I understand that my information will be saved on my account for future transactions. * A 2% surcharge will be applied per transaction.	
WOULD LIKE:	
Online Access <input type="checkbox"/> Yes <input type="checkbox"/> No A Sales Rep Visit <input type="checkbox"/> Yes <input type="checkbox"/> No	

TRADE REFERENCES			
Name _____	Address _____	Account# _____	Contact _____
Telephone# _____ Fax# _____			
Name _____	Address _____	Account# _____	Contact _____
Telephone# _____ Fax# _____			
Name _____	Address _____	Account# _____	Contact _____
Telephone# _____ Fax# _____			

I represent that the above information is true and is given to induce Sterling National Bank to extend credit to the applicant. My company and I authorize Sterling National Bank to make such credit investigation as Sterling National Bank sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Sterling National Bank and all information concerning the financial and credit history of my company and myself.

PERSONAL GUARANTEE: BY MY SIGNATURE BELOW, I HAVE ACCEPTED PERSONAL LIABILITY FOR ALL AMOUNTS DUE STERLING FACTORS CORPORATION AND PROMISE TO MAKE PAYMENTS WITHIN STATED INVOICE TERMS.

I have read the terms and conditions stated above and agree to all these terms and conditions.

Print Name _____ Signature _____ Date ____/____/____

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Sterling National Bank
Factoring & Trade Finance Division
500 Seventh Ave, New York, NY 10018

Date: ____/____/____

Company Name _____

Address _____

Bank Name _____

Bank Address _____

Bank Phone _____

Bank Fax _____

Your bank requires your signed authorization to release any information.
Kindly sign below and provide your account number. Thank you for your cooperation in this matter.

I hereby authorize you to release information regarding my account/accounts.

Signature

Name

Account Number

Return to:
Sterling National Bank
Factoring & Trade Finance
500 Seventh Ave
New York, NY 10018
Att: Credit Department
Tel: 212-575-8887
Fax: 212 869-5523

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Payment Authorization Form

Please complete all applicable fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until written cancellation is received.

CREDIT CARD (*complete this section for cc transactions*) * A 2% surcharge will be applied per transaction.

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX
☐ Other _____

Company Name: _____

Cardholder Name (as it appears on the card): _____

Card Number: _____ ☐ Credit Card ☐ Debit Card

Expiration Date (mm/yyyy): _____ / _____ CVV# _____

Billing Address _____ City _____ State _____

Cardholder ZIP Code _____

Signature _____

Date (MM/DD/YYYY) _____

ACH (*complete this section for ACH transactions*)

Name on Account _____

Bank Name _____

ABA Routing Number _____

Bank Account Number _____

Authorized By (please print) _____

Signature _____

Date (MM/DD/YYYY) _____

I authorize Baum Textile Mills to use the payment methods chosen above for all order purchases.
 I understand that my information will be saved on file for future transactions on my account.