



VALTEX, LLC
Kiddy Kats_® and Klassy Kats

205 East Maple Avenue • P.O. Box 159 • Scottsboro, AL 35768
Phone (256) 259-2599 • Toll Free (800) 259-4699 • Fax (256) 259-2409

❖ **CREDIT APPLICATION** ❖

Company Name: _____ Owner: _____
 D/B/A: _____ Address: _____
 Address: _____ City: _____
 City: _____ State: _____ Zip Code: _____
 State: _____ Zip Code _____ Phone: _____
 Phone: _____
 Fax: _____ Type of Account Requested: COD Company Check Net 30
 E-Mail Address: _____ Credit Limit Requested \$ _____
 Contact Name _____ D & B # _____
 Doing Business Since: _____ Sales Tax# _____
 Type of Business: Corporation Partnership Proprietorship

BANKING INFORMATION:

I hereby authorize you to release to Valtex, LLC any and all information which they may request concerning my account with your bank.

Bank: _____ Account #: _____
 Address: _____ Account Rep: _____
 City: _____ Date Opened _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____ Signature: _____

TRADE REFERENCES: Include other companies selling wearables in the industry

Note: please do not give Alpha Shirt Company as a reference -- they've notified us that they do not provide credit references.

Company: _____	Company: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Account #: _____	Account #: _____

Company: _____	Company: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Account #: _____	Account #: _____

In consideration of Valtex, LLC granting credit or company check privilege to _____,

The undersigned hereby agrees to unconditionally guarantee payment of all amounts owing to Valtex, LLC.

Owners
Signature: _____ Date: _____

Please fax completed, signed form to 256-259-2409