



FRAGRANCE SECRET, INC.

IMPORT EXPORT & WHOLESALE

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New Account Application

Date:

Business Name:

Address: City: State: Zip:
Phone# Fax# Email
Resale Certificate# D&B Account#

Owner Name:

Home Address: City: State: Zip:
Home Phone# Mobile# S.S# Tax ID#
How Long in Business: Type of Business: Retail Wholesale

Active Trading References:

1. Name: Phone# Fax: Email:
Address: City: State: Zip:
2. Name: Phone# Fax: Email:
Address: City: State: Zip:
3. Name: Phone# Fax: Email:
Address: City: State: Zip:

Bank Information

Name: Phone#
Address: City: State: Zip:
Checking Account# Banker Name

I authorize the bank above to release the information regarding my accounts.

Name: Signed Dated:

Note: The undersigned agrees that if the above account becomes delinquent and is forced to be placed in collection; the undersigned will pay all the related charged.

Name: Signed Dated:

OFFICE USE ONLY

Approval Officer Name: Signed Credit Limit \$

Approved Denied