

MIRAGE CONCEPTS
P.O. BOX 387 FREMONT, CA. 94537
phone: (415) 792-8910

DATE _____

ACCT.# _____

****NEW CUSTOMER/CLIENT REPORT****

LEGAL NAME: _____

STORE NAME: _____

OWNERS NAME(S): _____

STORE ADDRESS: _____ CITY: _____

NEAREST CROSS STREET: _____ ZIP CODE: _____

TELEPHONE Nos. _____ OWNERS HOME PHONE: _____

OWNERS D.L.# _____ CITY TAX# _____ SALES TAX PERMIT # _____

OTHER LOCATION INFO. _____

CREDIT TERMS: _____

EST. MONTHLY CHARGES: _____ EST. MO. LIMIT: _____

STARTING DATE FOR ACCT. _____ APPROVED BY: _____ DATE _____

THE FOLLOWING ARE CREDIT REFERENCES:

() TRADE () PERSONAL

Name: _____ Acct. # _____

Name: _____ Acct. # _____

Name: _____ Acct. # _____

Name: _____ Acct. # _____

DEPARTMENT INFORMATION: _____

GENERAL APPEARANCE OF STORE, CUSTOMER, ETC. _____

OTHER REMARKS: _____

SALESMAN NAME: _____

CREDIT APPROVED BY: _____ DATE: _____