

**Hotel Pillows – Wholesale Pillows, Comforters and Sheets**

EMAIL: Sales@hotelpillows.com | PHONE: 866-381-1582 | FAX: 720-459-7785;  
WEBSITE: WWW.hotelpillows.com

**CONFIDENTIAL CREDIT APPLICATION**

Date:		
Company Name:		
Contact Name(s):		
Mailing Address:		
City:	State:	Zip:
Shipping Address (if different):		
City:	State:	Zip:
Telephone #:		
Fax #:		
E-Mail address:		
DUNS No:		
State Sales Tax Exemption No:		

Our Full Legal Name is:			
Type of Entity:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
DBA Name:	Federal Tax ID #:		
State of Incorporation:			
Date of Incorporation:			

List All Owners Names Who Own 25% or More of Entity	
Name:	SS #:
Name:	SS #:
Name:	SS#:
Name:	SS#:

1475 SOUTH ACOMA STREET, DENVER, CO 80223  
PHONE: 866-381-1582 | FAX: 720-459-7785  
EMAIL: Sales@hotelpillows.com | WEBSITE: WWW.HotelPillows.Com

<b>PRIMARY BANK:</b>		
Name of Bank:		
Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Bank Point of Contact:	Email Address:	
Account #(s):		

**TRADE REFERENCES:**

***TRADE REFERENCES***

Company –	Company –	Company –
Address:	Address:	Address:
City:	City:	City:
State:            Zip:	State:            Zip:	State:            Zip:
Tel:	Tel:	Tel:
Fax:	Fax:	Fax:
E-mail:	E-mail:	E-mail:
Average/Month: Amount Outstanding: Account #:	Average Per Month: Amount Outstanding: Account #:	Average Per Month: Amount Outstanding: Account#:

Pending Litigation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Past Bankruptcy of Legal Entity or Any Owner/Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No

Once completed please either (1) fax this application to: (720) 459-7785 or (2) email this application to Sales@hotelpillows.com. Be sure to include a copy of your reseller license and/or tax exempt certificate.

We will process your application and send you wholesale pricing by email within 2-5 business days. We accept credit card, and offer terms to some clients.  
Thank You!

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