

CATO, INC.
3640 Silver Star Road Orlando, FL 32808
TEL: 800-367-2286 FAX: 407-290-9401

Account # _____

Application For Credit

Firm Name Telephone Number FaxNumber E mail

Billing Address City County State Zip Code

Shipping Address City County State Zip Code

Check One: Individual Partnership Corporation Year Started: _____

Name Of Principal(s) and Title(s): Authorized Buyer's Name(s):

Primary Field Of Business: Federal Tax Identification Number: Certificate of Resale Number

Sales Tax # (Resale Number Mandatory)

****PLEASE FAX A COPY OF YOUR RESALE TAX CERTIFICATE WITH THIS APPLICATION TO 407-290-9401.**

Approximate Number Of Employees: _____ P.O.# Required (Check One): Yes No

BANK REFERENCE

Bank Name Address City State Zip Code

Telephone Number: _____ Type Of Account: _____

Account Number: _____

TRADE REFERENCES

Supplier's Name Address Fax Number

Supplier's Name Address Fax Number

Supplier's Name Address Fax Number

ALL INFORMATION PROVIDED WILL BE TREATED CONFIDENTIALLY.

I (We) have completed this application to obtain credit, and certify that all statements contained thereof are true and correct. I (We) agree that credit inquiries may be made and authorize the release of such information to you. I (We) understand and agree that any credit granted shall be paid promptly in accordance with credit grantor terms and agreements. I (We) also understand and agree that credit grantor may add legal rate of interest per month to any balance not paid in accordance with said terms and agreements. I (We) also agree, in the event of default, to pay reasonable collection charges, attorney fees, and court costs where applicable.

DATE

SIGNED BY / TITLE