

C&F ENTERPRISES, INC.
819 Blue Crab Road
Newport News, VA 23606
Phone (757) 873-5688 Fax (757) 873-0358

ORDER # _____

Thank you for placing an order with C&F Enterprises, Inc. To apply for a line of credit, please complete this application. Please indicate those vendors from whom you have been purchasing for one year or more. All information will be held strictly confidential.

Please note that it is to your advantage to list as many vendors as possible and please list all account numbers.

Your application will be reviewed upon receipt of current credit information from a minimum of four vendors. This will take approximately 4 - 6 weeks. A line of credit will be established based upon your payment history, initial order amount and subsequent order amounts.

If you are a new business without any credit history, we require cash on delivery of shipment for a minimum of 4-5 orders.

COMPANY NAME: _____

DBA: _____

BILLING ADDRESS: _____ SHIPPING ADDRESS: _____

BUSINESS TELEPHONE: _____ HOME TELEPHONE: _____

___ PARTNERSHIP ___ LIMITED PARTNERSHIP ___ PROPRIETORSHIP ___ CORPORATION

TYPE OF BUSINESS AND DATE ESTABLISHED: _____

OWNER / PRESIDENT: _____

ACCOUNTS PAYABLE: _____

DUN & BRADSTREET NUMBER: _____

The terms of contract for receipt of goods includes a late charge of 1.5% per month after due date of invoice, a \$25.00 (subject to increase) service charge for returned checks, and the responsibility of debtor to creditor for any collection / suit fees incurred as a result of delinquent accounts turned over to creditor's chosen collection agency.

This is our understanding of the above terms of contract and our authorization to C&F Enterprises, Inc. to contact the references provided so that information may be obtained to consider granting credit privileges to us.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

SIGNATURE: _____
TITLE: _____
DATE: _____

Please check current vendors which reflect a high line of credit (please no prepay or COD accounts). Be sure to include complete mailing addresses, telephone numbers and account numbers.

_____ BLUE MT. ARTS	_____	_____ LENOX CHINA	_____
_____ CARDINAL	_____	_____ LION RIBBON CO	_____
_____ CARSON'S	_____	_____ LLADRO	_____
_____ CASPARI	_____	_____ MANUAL WOODWORKER	_____
_____ CHARLES SADEK	_____	_____ MERA VIC INC	_____
_____ CRABTREE & EVELYN	_____	_____ MIDWEST IMPORTS	_____
_____ CRYSTAL CLEAR	_____	_____ POSSIBLE DREAMS	_____
_____ ENESCO	_____	_____ ROWE POTTERY	_____
_____ FLOWERS INC. BALLOON	_____	_____ RUG BARN	_____
_____ GRAINWARE	_____	_____ SCARBOROUGH	_____
_____ HERITAGE IMPORTS	_____	_____ SILVESTRI	_____
_____ HOUSE OF HATTAN	_____	_____ VALORIES	_____
_____ HT ARDINGER & SON	_____	_____ VIRGINIA METALCRAFT	_____
_____ KIM ORIGINALS	_____	_____ WANG'S INT'L	_____
_____ KNOBLER	_____	_____ YANKEE CANDLE	_____
_____ KUBLA CRAFTS	_____		

Additional References

1. Name _____ Account# _____

Address _____ Phone# _____
 City _____ State _____ Zip _____

2. Name _____ Account# _____

Address _____ Phone# _____
 City _____ State _____ Zip _____

3. Name _____ Account# _____

Address _____ Phones# _____
 City _____ State _____ Zip _____

4. Name _____ Account# _____

Address _____ Phone# _____
 City _____ State _____ Zip _____

5. Name _____ Account# _____

Address _____ Phone# _____
 City _____ State _____ Zip _____

FOR IMMEDIATE PROCESSING RETURN THIS APPLICATION TO YOUR REPRESENTATIVE