



Village Hat Shop Credit Application

Thank you for your interest in our hats and caps. We look forward to serving you. Please fill out requested information and **include your signature** at the bottom of each page to authorize credit check before returning application.

Fax to: 619-683-5535
Attn: CREDIT DEPARTMENT

www.villagehatshop.com

San Diego - Hillcrest
3821 4th Avenue
San Diego CA 92103
(619) 683-5533 – voice
(619) 683-5535 – fax

San Diego – Seaport Village
853 W Harbor Drive
San Diego CA 92101
(619) 233-7236 – voice
(619) 233-8541 – fax

Long Beach – Shoreline Village
429A Shoreline Village Drive
Long Beach CA 90802
(562) 624-1141 – voice
(562) 624-1143 – fax

Sacramento – Old Sacramento
123 K Street
Sacramento CA 95814
(916) 444-7475 – voice
(916) 444-1152 – fax

Hats are our business!

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

List Owners and or Partners:

Name: _____

Phone: (_____) _____ Fax: (_____) _____

Number of years in Business: _____

Type of Business: (*Check One*)

- _____ Corp
- _____ Partnership
- _____ Sole Proprietorship
- _____ Limited Liability Co. (LLC)

Sales Tax Exemption Number: (*Please attach copy of form*)

Credit Line Requested \$ _____

BANK and TWO REFERENCES (Attach additional pages with signature)

Name: _____

Account No: _____

Loan Officer or Account Representative: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

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Print Name: _____ Date _____

Signature: _____