



**SMART**  
— B L A N K S —

# Customer Set Up Form

Smartex Apparel  
5455 E. La Palma Avenue Suite A  
Anaheim, CA 92807  
Office: 714) 771-2149

Date: \_\_\_\_\_

Company Name & DBA (if applicable) \_\_\_\_\_

If corporation- what type, what state? \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary Billing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Resale #: \_\_\_\_\_

Dun and Bradstreet #: \_\_\_\_\_

Payment Terms: \_\_\_\_\_ please circle one option

Credit Card *\*Please fill out the authorization form on the next page\**

Net 30 *\*requires approval\**

COD

Primary Source of Business (circle the best option)

- 1. Promotional products      2. ASI #      3. Licensing
- 4. Screen Print/Embroidery      5. Brand      6. Retail

Notes:



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## Credit Card Authorization Form

Smartex Apparel  
5455 E. La Palma Avenue Suite A  
Anaheim, CA 92807  
Office: 714) 771-2149

Sign and complete this form to authorize Smartex Apparel to debit to your credit card listed below. I understand that I am obligated to notify Smartex Apparel, in writing, if there are any changes in authorized users or card information. I further understand and agree that my credit card will be charged in the event the card is used by former authorized users unless I notify Smartex Apparel of any changes. My signature is my personal guarantee that I am solely responsible for payment of each transaction.

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**Please complete the information below:**

I, \_\_\_\_\_ authorize Smartex Apparel to charge my credit card  
*(full name)*  
account indicated below for transactions corresponding to the invoice of purchased goods.

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**Account Type**

Visa

MasterCard

Amex

Discover

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

*\*please note that there is a 2% fee for every credit card transaction\**

The following persons, if any, are authorized to use this credit card on my behalf:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transactions corresponds to the invoices received.*