Frederico Leone Limited

Account Information Form

2005 Marietta Road NW * Atlanta, GA 30318
Ph: 800-678-7463 * 404-691-4141 * Fax 404-691-7663
E-mail: info@fredericoleone.com
Website: www.fredericoleone.com

Type Of Account Requested	Type of Business
COD Company check	Corporation
COD Certified Check	Partnership
N-30	Sole Proprietorship
Credit Card	LLC

CSC Account #

Corporate Name			**Phone**		
D/B/A			**Fax**		
Address			**E-Mail**		
Address			**Website**		
City	**State**	**Zip**			
Principal(s) Name			**Principal(s) Name**		
Title			**Title**		
Address			**Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Social Security#			**Social Security#**		
Drivers License #	**State**		**Drivers License#**	**State**	

BANKING INFORMATION

I hereby authorize you to release to Colonial Shoe Co. any and all information which they may request concerning my accounts with your bank.

Signed _____ **Date** _____

Bank			**Account**	
Address			**Account Rep**	
City	**State**	**Zip**	**Telephone**	**Date Opend**

PLEASE LIST ADDITIONAL ACCOUNT LOCATIONS

TRADE REFERENCES

Company			**Company**		
Address			**Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Name of Contact			**Name of Contact**		
Fax #	**Account #**		**Fax #**	**Account #**	
Company			**Company**		
Address			**Address**		
City	**Stare**	**Zip**	**City**	**State**	**Zip**
Fax #	**Account #**		**Fax #**	**Account #**	

A Business License Copy & Tax I.D. # are required to open an account.