

CREDIT APPLICATION

Business Name: _____

Billing Address: _____ Shipping Address: _____

City, State, Zip: _____ City, State, Zip: _____

Telephone: _____ Fax: _____

Owner: _____

Retail License Number: _____

Year Company Established: _____ Type of Business: _____

Email: _____

REFERENCES:

Bank Name: _____ Account Number: _____

Bank Address: _____ City, State, Zip: _____

Bank Officer: _____ Phone: _____

SUPPLIER REFERENCES:

Company: _____

Company: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State,
Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Account # _____

Account # _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Account # _____