

CREDIT APPLICATION

Please complete the following in order that we may extend you 30 DAY credit terms upon approval. All information is confidential.

Applicant Business or Corp. Name: _____ DBA (Store Name): _____
Business Phone: _____ Business FAX: _____ E-mail Address: _____
_(_____) (_____) _____
Street Address: _____ City, State, Zip: _____
Billing Address: _____ City, State, Zip: _____
Delivery Address: _____ City, State, Zip: _____

Please Circle One: Individual Partnership Corporation
Federal Tax ID # (for Corp): _____ Liq. Lic. # _____ Exp. Date _____

Owners (If applicant is a sole proprietorship or partnership)
Officers (If corporation)

Name: _____ Title: _____ SS#: _____
Home Address: _____ Home Phone: _____

Name: _____ Title: _____ SS#: _____
Home Address: _____ Home Phone: _____

Name of Bank: _____ Address: _____
City, State, Zip: _____ Phone: _____
Account Number: _____ Name of personal banker: _____

THE UNDERSIGNED AGREES THAT PAYMENT WILL BE MADE IN FULL, FOR ALL MERCHANDISE, WITHIN 30 DAYS OF RECEIPT. FAILURE TO DO SO MAY RESULT IN DELAYED DELIVERIES. RETURNED CHECKS REQUIRE A \$15.00 PROCESSING FEE.

_____ signature _____ title

TRADE REFERENCES:
Company Name: _____ Address: _____ Phone: _____
1) _____
2) _____
3) _____
4) _____

