

Wholesale Account Application for Credit

Company Name:		Date:
Phone #:	Alternate Phone #:	Email:
Street Address:		
City:	State:	Zip Code:
Tax ID #:	Year Established:	At Present Location Since:
Type of Business:	Ownership Structure (Corp, Partnership, Proprietorship):	
Desired Terms (Net 30/15):	Desired Credit Limit:	Estimated Annual Purchases \$:
Officer Name (Applicant):	Title:	Phone #:
SSN (if partnership or proprietorship):	Street Address:	
City:	State:	Zip Code:
Reference Name #1:	Account #:	Phone #:
Website / Email:	Street Address:	
City:	State:	Zip Code:
Reference Name #2:	Account #:	Phone #:
Website / Email:	Street Address:	
City:	State:	Zip Code:
Bank Name:	Account #:	Phone #:
Branch:	Street Address:	
City:	State:	Zip Code:
Authorized Signature:		Full Name and Title: