



Contract Wholesale Distributors, LLC.

# Credit Application

## Credit Application

Bill To:  
Company / DBA (if applicable): \_\_\_\_\_

Date Business Established: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Buyer/Contract Name: \_\_\_\_\_

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

Accounts Payable Contact Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

DUNS / D&B# \_\_\_\_\_

CREDIT amount requested: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_

Trade References: (three required)

\*FAX NUMBERS REQUIRED\*

1) Company Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Account # \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Account # \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

3) Company Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Account # \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

I hereby authorize Contract Wholesale Distributors, LLC. to review my credit application and confirm the above information is accurate to the best of my knowledge.

Please sign on the line: \_\_\_\_\_

Sales Rep - other brand references: \_\_\_\_\_

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