



# TOP IT OFF BOTTLING

CUSTOM BLENDING & BOTTLING

## CREDIT APPLICATION

*Tell us about your company*

Date \_\_\_\_\_

**FIRM NAME** \_\_\_\_\_

Address \_\_\_\_\_

Delivery Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel: \_\_\_\_\_ Email \_\_\_\_\_

Please check:  Individual  Partnership \_\_\_\_\_  Corporation State \_\_\_\_\_ In business since \_\_\_\_\_

Incorporation Date \_\_\_\_\_

Type of business: \_\_\_\_\_ Tax ID # \_\_\_\_\_

**PRINCIPALS (Please list all partners or members with 9.5% or more ownership, use separate sheet if necessary):**

Name: \_\_\_\_\_ Title \_\_\_\_\_

Home Address: \_\_\_\_\_ SS# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Home Address: \_\_\_\_\_ SS# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_

**BUSINESS REFERENCES:** *(Give only names of those you buy from on open account)*

*If you have the below information on a separate form please attach and sign below*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check basis on which you usually pay merchandise bills:  Discount  30 days  60 days  90 days

**BANK REFERENCES:**

Bank Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature below authorizes companies listed above to release information pertaining to application for credit.

Signed \_\_\_\_\_