



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 _____