



MednikRiverbend
YOUR VISION. OUR GOAL.

6740 Romiss Ct. St. Louis, MO 63134 - www.mednikriverbend.com

Credit Application
New account ___ Existing___

Does your company in good faith, expect to make a minimum annual purchase requirement in the next (12) calendar months of no less than \$1500 with Mednik Riverbend? YES or NO

Please sign and date : X _____

(Mednik Riverbend reserves the right to randomly audit annual sales for compliance)

Accounts Payable phone/fax/email contact: _____

Company Name & Billing address: _____

Shipping Address: (if different from above) _____

Subsidiary of: _____ D&B Listed? YES or NO

If yes: Name of company: _____

List (3) existing trade references (include FULL name & address, phone/fax and or email contact)

(1) _____ phone/fax: _____
_____ email: _____

(2) _____ phone/fax: _____
_____ email: _____

(3) _____ phone/fax: _____
_____ email: _____

**Submit to: Mednik Riverbend -Attn: Jackie/Credit Dept. Fax: 314-524-2230
or email: jfrey@riverbendtextiles.com**