

Batteries and Butter - Credit Application Form

Company Name: _____
Billing Address: _____
City/State/Zip: _____
Phone(s): _____ **Cell:** _____
E-Mail Address: _____ **Fax:** _____
Business Sales Tax Certificate (if in NY State) #: _____ **Federal Tax ID #:** _____
Year Established: _____ **Number Of Employees:** _____
Main Business Activities: _____
Authorized Buyer(s): _____
Owner(s): _____

Credit Card Information

Company policy: In order to run our business more efficiently,
New accounts must have a credit card on file with us, in case payment is not made within 45 days.
We will call you before charging your credit card.

Card Type: _____ **Card Number:** _____ **Expiration Date:** _____
Billing Address: _____ **CVV Code:** _____
City/State/Zip: _____
Contact Phone(s): _____

Trading References (Name, Mailing Address, Phone and Fax Numbers):

- 1) _____
- 2) _____
- 3) _____

Name (Print)	Title
Signature	Date

Please complete this form and **FAX** to: **718-491-2707**,
or **e-mail** to: **support@batteriesandbutter.com**.
For assistance **CALL 718-491-2702**