



Date: _____

RETAILER CREDIT APPLICATION

Applicant: _____

Street Address: _____

PO Box: _____

City/State/Zip: _____

Contact: _____ Phone:(____) ____-_____

Business Structure: Corporation___S-Corp___ Partnership___Sole Proprietor___Other_____

If Corporation: Date of Incorporation: ____/____/____ State_____

Type of Business: _____ In Business Since _____

Federal Tax ID No.: _____ No. of Employees. _____

Sales Tax exemption Certificate No.: _____ State___ Multi___ Blanket___
(attach copy)

Bank Reference:

Bank Name: _____

Contact: _____ Account No.: _____

Address: _____

Phone: (____) ____-_____

Website URL: _____

Email Contact: _____

