



Wholesale Credit Application

Please fax this application to (888) 270-5721 or email to customerservice@homs.com.
 For written correspondence, you may send mail to PO Box 1887, Pittsboro, NC 27312.

Authorized Buyer Name/Address

Last:	First:	Title
Name of Business:		Tax I.D. Number
Mailing Address:		
Shipping Address:		

Company Information

Type of Business:	In Business Since:				
Legal Form Under Which Business Operates:					
Corporation <input type="checkbox"/>		LLC <input type="checkbox"/>		Partnership <input type="checkbox"/>	
Proprietorship <input type="checkbox"/>					
If Division/Subsidiary, Name of Parent Company:			In Business Since:		
Name of Company Principal or Owner:			Title:		
Address:	City:	State:	ZIP:	Phone:	Email:
Name of Accounts Payable:			Title:		
Address:	City:	State:	ZIP:	Phone:	Email:

Bank References

Institution Name:	Checking Account #:	Address:	Contact:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

 Print Name

 Signature

 Title

 Date