

SPILL-STOP / Bar Accessories

MFG. LLC

APPLICATION FOR CREDIT

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Type Of Organization: Corporation _____ Partnership _____ Sole Proprietorship _____
Officer's Name: _____ Title: _____ Officer's Name: _____ Title: _____
Line Of Business: _____ Years In Business: _____

BANK REFERENCE

Bank Name: _____ Account Number: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

CREDIT REFERENCES

Supplier Name: _____ Account Number: _____
Street Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
Supplier Name: _____ Account Number: _____
Street Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
Supplier Name: _____ Account Number: _____
Street Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
Supplier Name: _____ Account Number: _____
Street Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____

I authorize the release of information needed to establish credit terms with Spill-Stop Mfg. LLC

Signed