



## Application for Credit

Please email this completed form to [office@dripless.com](mailto:office@dripless.com)

Attention: Accounting Department

Date: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Brick & Mortar Store Address: \_\_\_\_\_

Email & Website Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check one: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Subsidiary \_\_\_\_\_

Resale License / Certificate: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Approximate annual sales: \_\_\_\_\_

Accounts Payable Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

### Trade References:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_