

## **Application for Credit**

Please fax or mail this completed form to the address below. Attention: Accounting Department

Date:	
Legal Business Name:	
DBA:	
Mailing address:	
,	
Email address:	
Phone:	Fax:
Check one: Corporation Partne	ership 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 #:

DRIPLESS, Inc., 527 Mendocino Ave., Suite E Santa Rosa, CA 95401

Phone: 707.568.5081 Fax: 707.568.5085 email: dripless@sonic.net