

## Credit Application

Company Name \_\_\_\_\_ EIN # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Main Telephone \_\_\_\_\_ Fax # \_\_\_\_\_  
 Sales Contact \_\_\_\_\_ Job Title \_\_\_\_\_

Tax Exempt	Yes _____ (Check One)	No _____
Exempt Tax #	_____ (If yes, include Certificate)	
Year Established	_____	
Shipping Terms	_____	
	FOB Ship / FOB Destination	

A/P Contact	_____
	(email / phone)
Initial Payment / Credit Requested (check one)	
Credit Card	
Credit	_____
	(Amount initially requested)
Payment Terms Requested	_____

### Credit References

Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

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 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
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Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

**The signature below authorizes the release of information from above references to Brook & Whittle Limited, and or Prime Package and Label. The authorized undersigned agrees to payment terms of Net 30 days unless otherwise specified above. I attest that the information given above is true and correct.**

Authorized Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

Date \_\_\_\_\_  
 Title \_\_\_\_\_