



Business Credit Application

Questions about this form? Phone 386-478-4480

Fax completed form to:
866-929-6087

Company name		Tax I.D. number	
DBA name - if applicable		D&B number	
Billing address			
City		State	Zip code
In business since	Company phone		Company fax
Ship to name			
Ship to address			
City		State	Zip code

Company info		company web site	
Contact name	Title	Phone/extension	
Company type <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship		Corp/LLC filing state	
Email			

Bank info		
Bank name #1	Account number	Bank phone
Bank address/city/state/zip		
Bank name #2	Account number	Bank phone
Bank address/city/state/zip		

Trade reference #1			
Company name		Contact name	
Address/City/State/Zip			
Phone	Fax	Year account opened	Credit limit

Trade reference #2

Company name		Contact name	
Address/City/State/Zip			
Phone	Fax	Year account opened	Credit limit

Trade reference #3

Company name		Contact name	
Address/City/State/Zip			
Phone	Fax	Year account opened	Credit limit

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 credit worthiness, including but not limited to the amount and conditions of the credit to be extended.

Further, I hereby authorize the financial institutions and trade references listed in this credit application to release necessary information to Duty Wear U.S.A. in order to verify the information contained herein and evaluate credit worthiness.

Printed name

on behalf of (company name)

Title

Date

Signature
