



NEW ACCOUNT CREDIT APPLICATION

Name of Business _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Date of Incorporation or Date Business Established _____

Type of Entity: Corporation _____ Partnership _____ Proprietorship _____

Names and Titles of Principals:

Name	Title	E-Mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

This business is a: Dealership _____ Manufacturer _____ Other (Specify) _____

I desire to purchase product from B&B Molders under the following terms:

C.O.D. _____ Cash with Order _____

Open Account _____ Other (Specify) _____

If Open Account is desired, bank and trade references are required

Estimated monthly credit requirements: \$ _____

REFERENCES

Bank Reference:

1. Name of Bank: _____ Account # _____

Bank Address: _____

Phone Number: _____ Name/Title of Bank Contact: _____

Trade References:

1. Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone # _____ Fax # _____

2. Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone # _____ Fax # _____

3. Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone # _____ Fax # _____

The above information is true and correct to the best of my knowledge. Further, it is with my consent that B&B Molders contact any of the references listed herein to seek information on my account status, keeping within generally accepted account credit reporting guidelines.

Signature _____ Title _____

Please include a copy of your State Tax Exemption Certificate with this form.