



**CREDIT APPLICATION FORM**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent Co. Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

**BILLING INFORMATION (if different):**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent Co. Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Corporation  Partnership  Proprietorship  Other \_\_\_\_\_

President: \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_  
Vice President: \_\_\_\_\_ Imports/Exports Supervisor: \_\_\_\_\_  
Secretary/Treasurer: \_\_\_\_\_ Accounts Payable Manager: \_\_\_\_\_

I hereby affirm that the above information is true and correct:

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

**TRADE REFERENCES ( 3 REQUIRED)**

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BANK REFERENCE**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BCB Credit Department Use Only**

Account No: \_\_\_\_\_ Approved: \_\_\_\_\_  
Credit Limit: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Notes/Comments: \_\_\_\_\_

CL: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_