



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): _____