



CREDIT APPLICATION

PHONE 800.627.2651 * FAX 800.849.4363 * ORDERS@GENESISLINK.COM

Store Information:

Store Name _____

Physical Address _____ Billing Address _____

City, State, Zip _____ Billing City, State, Zip _____

Phone _____ Fax _____

Year Established _____ Years at Location _____

Owner Name _____ Billing Email _____

Buyer(s) Name(s) _____ Buyer Email(s) _____

Bank Information:

Bank Name _____

Bank Address, City, State, Zip _____

Account Number _____

Bank Phone _____ Bank Contact Person _____

Credit References: [Four with whom you have established credit]

Name	Phone Number	Account Number
_____	_____	# _____
_____	_____	# _____
_____	_____	# _____
_____	_____	# _____

We certify that under **Sales & Use Tax I.D. #** _____ we are entitled to a trade discount for resale purposes **in the State of** _____ and are registered to collect sales tax, and that the credit information given herein is correct to the best of our knowledge. I, the undersigned, being a duly authorized individual, do authorize contact with the above listed references for the purpose of obtaining credit information for consideration of this application.

Federal Tax ID # _____

Signature

Date