

chilewich. WHOLESALE

Company Bill to / DBA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Fax # _____

Buyer/Contact Name: _____

Email address: _____

Accounts Payable Contact: _____

Email address: _____

Accounts Payable Contact Phone# _____ Fax # _____

Federal Tax ID#: _____ DUNS / D&B#: _____

Amount of CREDIT request: _____

Bank Name: _____

Address: _____

Contact Name: _____ Account # _____

Phone # _____ Fax # _____

Trade References: (three required) *** FAX NUMBERS REQUIRED***

1) Company Name: _____

Address: _____

Contact Name: _____ Account # _____

Phone # _____ Fax # _____

2) Company Name: _____

Address: _____

Contact Name: _____ Account # _____

Phone # _____ Fax # _____

3) Company Name: _____

Address: _____

Contact Name: _____ Account # _____

Phone # _____ Fax # _____

I hereby authorize Chilewich Sultan, LLC to review my credit application and confirm the above information is accurate to the best of my knowledge.

X _____
Please sign on the line