CREDIT APPLICATION

Company Name:						
Phone:			Fax:			
illing Address:			Street Address:			
City: St	State:		Post Code:			
Email Contact Address:						
Dun & Bradstreet Number:						
Name of Parent Company (If Sub	sidiary):					
Proprietor, Partner, Officers:						
Type of Business:			Year Establ	ished:		
Name of Bank:			Branch:			
Phone:	Address	s:				
City: St	ate:		Postal Code	e:		
Type(s) of Account(s): Commerci	al		Savings _		Loans	
FEDERAL TAX ID#				RESAL	.E TAX #	
Three Trade References (Give On	ly Names Of	Those	You Buy Fro	om On Op	en Account):	
Name	Phone_			Fax		_
Address		City			State	_
Name	Phone_			Fax		_
Address		City			State	_
Name	Phone_			Fax		_
Address		City			State	_
Amount of c	redit apply	ing fo	or: \$			_
BN Products – USA, 1 There will be a 1% fina	LLC. Sta	ndar	d Terms:	Net 30	, No Disco	
Signature Please: Company (Printed Name:						
Title:						
Date:						
Accounts Payable Contact:						