

## **CREDIT APPLICATION**

## 3450 Sabin Brown Road Wickenburg, AZ 85390

Cor	npany Name:			<del></del>
Phone:		Fax:		
Billing Address:		Street Address:	Street Address:	
City: State:           * Main Contact : Name:		te: Post Code:	Post Code: Email:	
		Email:		
*Purchasing Agent: Name:		Em	Email:	
Naı	me of Parent Company (If Subsidi	ary):		Proprietor,
Partner, Officers:			Type of	
Business:		Year Established:		
Name of Bank:		Branch:		
Phone:		Address		
City:State:		Postal C	Code:	
Type(s) of Account(s): Commercial FEDERAL TAX ID#		Savings	Loans	
		R	RESALE TAX #	
	Trade References (Give Only Na	mes Of Those You Buy Fror	n On Open Account): 🤻	Must have email
1.	Name	Phone	Email	
	Address	City	State	
2.	Name	Phone	Email	
	Address	City	State	<u></u>
3.	Name	Phone	Email	
	Address	City	State	
	BN Products - USA	, LLC. Standard Term	s: Net 30, No Dis	counts
Co	mpany Officer (Required Sig	nature):		
Pri	inted Name:		Phone:	
Tit	le:			
	te: accounts Payable Contact:		Email:	
$\Box$	iccounts i ayabic contact		LIIIaII	