|  |  |  |  |
| --- | --- | --- | --- |
| **­CONTACT INFORMATION** | | | |
| YOUR NAME | | TITLE | |
| EMAIL | | PHONE | |
|  | | | |
| **BUSINESS INFORMATION AS REGISTERED** | | | |
| COMPANY NAME | | RESALE NUMBER | |
| ADDRESS | | PHONE | |
| CITY | STATE | | ZIP CODE |
| D&B NUMBER (REQUIRED): | | | |
| **SHIP TO ADDRESS** | | | |
| ADDRESS | | PHONE | |
| CITY | STATE | | ZIP CODE |
| RECEIVING HOURS: | | | |
| WAREHOUSE CONTACT NAME: | | | |
|  | | | |
| BUSINESS REFERENCES | | | |
| Please provide us companies your business has established credit with previously | | | |
|  | | | |
| 1 | COMPANY | | CONTACT NAME | |
| PHONE | | EMAIL | |
| ADDRESS | | TITLE | |
| CITY | STATE | | ZIP CODE |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | COMPANY | | CONTACT NAME | |
| PHONE | | EMAIL | |
| ADDRESS | | TITLE | |
| CITY | STATE | | ZIP CODE |
| COMMENTS | | | |
|  | | | |
| 3 | COMPANY | | CONTACT NAME | |
| PHONE | | EMAIL | |
| ADDRESS | | TITLE | |
| CITY | STATE | | ZIP CODE |
| COMMENTS | | | |
| 1 | SIGNATURE | | TITLE | |
| NAME | | DATE | |
|  | | | |

**Email completed credit application to info@mandbsalesgroup.com**