|  |
| --- |
| **­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**