



3288 Valley Hwy Deming WA 98244 Ph 877-652-1819 Fx 360-595-0505

## Credit Application Information

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Buyer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email or Website: \_\_\_\_\_

DUNS #: \_\_\_\_\_ Start Date of Business: \_\_\_\_\_

State Tax ID: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

Bank Branch & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ Date Acct Opened: \_\_\_\_\_

Outstanding Debt \$ \_\_\_\_\_ Current Annual Income: \$ \_\_\_\_\_

### References:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

The signature below gives authorization for Moon Valley Honey to review my credit history and obtain banking records and information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_