

# CUSTOMER APPLICATION

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

Complete required sections (\*) in full. All information held in confidence.

**Business Name\*:** \_\_\_\_\_

Business Address\*:

\_\_\_\_\_

\_\_\_\_\_

Tax ID\*: \_\_\_\_\_

**Primary Contact\*:** \_\_\_\_\_

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

Email\*: \_\_\_\_\_

**A/P Contact:** \_\_\_\_\_

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

Email: \_\_\_\_\_

**Business Information:**  Retailer  
 Distributor  
 Online Platform

Annual Turnover: \_\_\_\_\_ Employees: \_\_\_\_\_

Credit Request\*:  Credit Limit: \_\_\_\_\_

