

CREDIT APPLICATION

*The following information is submitted for your consideration as a basis of an extension of us.

**please include a copy of your tax I. D number.

Customer Profile

Company name			
Owner's name		Social security #	
Address		Phone #	
City/state/zip		Fax #	
State resale tax #			

Trade Preference

(The following is a listing of whom my business is presently doing business with...)

Company name		Account name	
Address		Phone number	
City/state/zip		Fax number	

Company name		Account name	
Address		Phone number	
City/state/zip		Fax number	

Company name		Account name	
Address		Phone number	
City/state/zip		Fax number	

Bank Reference

Bank Name		Contact	
Saving account#		Checking account#	
Address		Phone number	
City/state/zip		Fax#	

I here authorize our bank(s) to release any information including saving and checking accounts to ben's beauty supply Distributors Inc.

Name (print) _____

Date: _____

Signature _____