



## DISTRIBUTOR DATA FORM

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

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

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please answer each question to help us process your orders:

1. Which of the following do you accept?

Visa  MasterCard  Discover  American Express

2. Do you have shipping capabilities?  Yes  No

3. What **type** and **brand** of product do you distribute?

Drywall \_\_\_\_\_  Paint \_\_\_\_\_  
Brand Brand

Stucco \_\_\_\_\_  EIFS \_\_\_\_\_  
Brand Brand

Other \_\_\_\_\_  
Brand

## CONTACT INFORMATION

Please furnish the names of employees we should contact at your company

Owner: \_\_\_\_\_ E-mail \_\_\_\_\_

Manager: \_\_\_\_\_ E-mail \_\_\_\_\_

Sales: \_\_\_\_\_ E-mail \_\_\_\_\_

Purchasing: \_\_\_\_\_ E-mail \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ E-mail \_\_\_\_\_



## BUSINESS CREDIT APPLICATION

NAME/ADDRESS			
Business Name:		EIN/Tax ID3:	
Last:	First:	MI:	Title:
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
COMPANY INFORMATION			
Type of Business:		In Business Since:	
<input type="checkbox"/> Drywall <input type="checkbox"/> Painting <input type="checkbox"/> Stucco <input type="checkbox"/> Plastering <input type="checkbox"/> EIFS <input type="checkbox"/> Other			
Business Operates as:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC			
Name of Principal Responsible for Business Transactions:			Title:
Address:		City:	State: Zip:
Name of Principal Responsible for Business Transactions:			Title:
Address:		City:	State: Zip:
BANK REFERENCE			
Institution Name:			
Contact Name:			
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
TRADE REFERENCES			
Company Name:		Contact Name:	
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
Account Opened:		Credit Limit:	Current Balance:
Company Name:		Contact Name:	
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
Account Opened:		Credit Limit:	Current Balance:
Company Name:		Contact Name:	
Address:		City:	State: Zip:
Phone:	Fax:	E-mail:	
Account Opened:		Credit Limit:	Current Balance:

I certify that all of the information on this form is correct. I fully understand your credit terms are Net 30, and we agree to payment within those terms in consideration of extended credit. Delinquent accounts are subject to C.O.D. terms.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_