

2082 FLATBUSH AVE  
 BROOKLYN NY 11234



Tel: 718-253-7206  
 Fax: 718-258-5654

**DISTRIBUTOR & CREDIT APPLICATION**

BILLING ADDRESS			SHIPPING ADDRESS		
NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
PHONE:	FAX:		PHONE:	FAX:	

1.) # OF PEOPLE EMPLOYED? \_\_\_\_\_ 1a.) # OF SALES PEOPLE? \_\_\_\_\_

2.) METHOD OF SALES (ex: mail order, direct sale etc.) \_\_\_\_\_

3.) HOW LONG HAS YOUR BUSINESS BEEN OPERATING UNDER ITS NAME? \_\_\_\_\_ 3a.) DO YOU HAVE A COMPANY CATALOG? Y/N (If yes, please forward)

4.) HOW LONG HAVE YOU BEEN YOUR PRESENT ADDRESS? \_\_\_\_\_ 4a.) WHAT TYPES OF ACCOUNTS DO YOU HANDLE? \_\_\_\_\_

5.) WHAT GEOGRAPHIC AREAS DO YOU COVER? \_\_\_\_\_ 5a.) WHAT COMPANIES DO YOU REPRESENT? \_\_\_\_\_

6.) WHAT IS YOUR ANNUAL SALES VOLUME? \_\_\_\_\_ 6a.) FEDERAL TAX I.D. # ? \_\_\_\_\_

7.) BANK

REFERENCE:

Name:					
Address:					
City:	State:	Zip Code:			
Phone:	Fax:				
Account #:					

**NOW BUYING FROM: (GIVE AT LEAST 4 SOURCES WITH FULL ADDRESS)**

NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
PHONE:	FAX:		PHONE:	FAX:	
NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
PHONE:	FAX:		PHONE:	FAX:	