

**BEACHCOMBERS COASTAL LIFE
CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION

Company Name:

Principal owner:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Accounts Payable Contact :

State Tax #

Fed Tax ID:

Seasonal Business:

Other:

BUSINESS AND CREDIT INFORMATION

Primary shipping address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize BEACHCOMBERS COASTAL LIFE to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES (*SIGNATURE MUST BE PROVIDED FOR VALIDATION)

Title:
Date:

Title:
Date: