

THE PHOENIX DIVINA PRODUCTS COMPANY

55 CONTAINER DRIVE TERRYVILLE, CONNECTICUT 06786

Phone: (860) 589-7502 Fax (860) 589-7501

CREDIT APPLICATION NEW ACCOUNT INFORMATION

BUSINESS NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
YEARS IN BUSINESS _____ ANNUAL REVENUE _____
CPA FINANCIAL STMTS _____ Y/N FEDERAL TAX ID # _____
OWNERSHIP: SOLE OWNER _____ LLC _____ PARTNERSHIP _____ CORPORATION _____
DOES STATE, COUNTY OR CITY REQUIRE A LICENSE: _____ YES _____ NO
IF YES, LICENSE # _____

COMPANY OWNERS AND OFFICERS OR PRINCIPALS

NAME _____ TITLE _____

NAME _____ TITLE _____

HAS THE FIRM OR ANY OF ITS PRINCIPALS EVER BEEN BANKRUPT? _____ YES _____ NO

IF YES, EXPLAIN: _____

BANK REFERENCE

TYPE: _____ CHECKING _____ LOAN _____ SAVINGS _____

NAME _____ CONTACT _____

ADDRESS _____

PHONE _____ ACCOUNT # _____

I hereby authorize _____ to disclose information to the Phoenix Products company for consideration of the establishment of trade credit.

THE PHOENIX PRODUCTS COMPANY

55 CONTAINER DRIVE, CONNECTICUT 06786

Phone: (860) 589-7502 Fax (860) 589-7501

Four TRADE REFERENCES (Name of your suppliers of major products & services)

COMPANY _____

COMPANY _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

FAX _____

FAX _____

CONTACT _____

CONTACT _____

.....

COMPANY _____

COMPANY _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

FAX _____

FAX _____

CONTACT _____

CONTACT _____

PERSON TO CONTACT WITH REGARD TO FINANCIAL COMMITMENTS

NAME _____ TITLE _____

It is understood that all services are payable in accordance with stated invoice terms. Customers with invoices remaining unpaid over 60 days after invoice date will be serviced on a C.O.D. basis only. Unpaid balances are charged interest at the rate of 1 ¼% per month (15% APR). The undersigned agrees to pay any attorneys fees and all collection costs if collection proceedings are required.

The undersigned, as an inducement for Phoenix to grant credit, warrants that the information submitted is true and correct. Phoenix is authorized to investigate the credit references listed on this application.

DATE _____

AUTHORIZED SIGNATURE _____ TITLE _____

PHOENIX PRODUCTS COMPANY

55 Container Drive Terryville, Connecticut 06786

PHONE (860) 589-7502 FAX (860) 589-7501

BILLING INFORMATION

SALES PERSON _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE/FAX: _____

CONTACT: _____

Products of Interest:

Expected Volume of Products to Purchase:

Line of credit requesting: _____

Account Terms: C.O.D. _____ Net 30 _____ Other _____

DELIVERY/SHIPPING INFORMATION

SHIPPING ADDRESS (if different from billing address)

STORE HOURS: _____

DELIVERY HOURS: _____

CONTACT: _____

SPECIAL DELIVERY INSTRUCTIONS:

FORK LIFT _____ **TAILGATE** _____ **LOADING DOCK** _____

SPECIAL NEEDS: _____