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NJW

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CREDIT APPLICATION

Date: _____

Business Name: _____

Billing Address: _____ City _____ State _____ Zip _____

Shipping Address: _____ City _____ State _____ Zip _____

D/B/A _____ Federal Tax ID # _____

Telephone _____ Fax _____

Email _____ Website _____

Type of Business _____

Date Established _____ # of Employees _____ Annual Sales _____ Sales Area _____

Ownership : Sole Proprietor Partnership Corporation

Principal: Name _____ Title _____

Home Address _____ Telephone _____

Principal: Name _____ Title _____

Home Address _____ Telephone _____

TRADE REFERENCES:

Company Name _____ **Contact** _____

Address _____

Telephone _____ Fax _____

Company Name _____ **Contact** _____

Address _____

Telephone _____ Fax _____

Company Name _____ **Contact** _____

Address _____

Telephone _____ Fax _____

How did you hear about us? __ Website __ Phone __ Advertising __ Sales Rep __ Tradeshow __ Other

Has the firm or any of its Principals ever been bankrupt? _____ If yes please explain _____

Name of Person Completing Form: _____ Position _____

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Approved \_\_\_\_\_

Denied \_\_\_\_\_