



FREEDOM DISTRIBUTION LLC

WWW.FREEDOM-DISTRIBUTION.COM

Business Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City:
State:	ZIP:
Phone:	
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City:
State:	ZIP:
Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate for the purposes of obtaining credit with Freedom Distribution LLC and is subject to the credit terms. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. All invoices are to be paid 30 days from the date of the invoice. If the account is turned over for collection, the undersigned agrees to pay all costs and expenses associated with collection, including, but not limited to, attorney's fees and court costs. I authorize Freedom Distribution LLC or any credit bureau or other investigative agency acting for Freedom Distribution to investigate references herein listed or statements or data obtained from me or any other person pertaining to my credit and financial responsibility.

Signature

Date