

CB WHOLESALE, INC.

1991 Division Street
 Bellingham, WA 98226
 Phone: 360/738-3992
 Fax: 360/738-4037

Burlington Store
 Fax: 360/755-0814

Bellingham Store
 Fax: 360/647-9589

Credit Application

Please complete, sign the attached forms, and return

COMPANY NAME		CORPORATION <input type="checkbox"/>	LLC <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	SOLE OWNER <input type="checkbox"/>	BONDING COMPANY	
DOING BUSINESS AS		CONTRACTOR LICENSE NUMBER			SALES TAX EXEMPTION NUMBER (UBI)		
STREET		DATE BUSINESS STARTED			RESELLERS PERMIT #		
CITY	STATE	ZIP	DESIRED AMOUNT OF CREDIT		HOW LONG AT PRESENT LOCATION?		
BUSINESS PHONE		MOBILE PHONE			HOME PHONE		FAX NUMBER
PRINCIPALS	TITLE	RESIDENCE ADDRESS AND PHONE		SOCIAL SECURITY NUMBER	% OWNED	SPOUSE	

REFERENCES

BANK:	BRANCH:	NAME OF BANK OFFICER:
CHECKING ACCOUNT NO.:	PHONE NO.:	
SUPPLIER:	EMAIL:	
SUPPLIER:	EMAIL:	
SUPPLIER:	EMAIL:	
SUPPLIER:	EMAIL:	

Please let us know your preferred timeframe for receiving your invoices & statements: EMAIL/ Weekly or Monthly

EMAIL ADDRESS: _____

ADDITIONAL COMPANY INFORMATION

Has your company ever filed bankruptcy? Yes ____ No ____

Has any officer or owner of your company ever filed bankruptcy, either personally or under another company name? Yes__ No ____

Name of officer and/or former company _____ Date filed _____

Chapter 7 ____ Chapter 11 ____ Chapter 13 ____

Signature _____

Date _____

Print Name _____

Please read and sign the attached documents before submitting application