

CREDIT APPLICATION FORM

6100 W. GILA SPRINGS PL. UNIT 9 CHANDLER, AZ 85226

PH (310) 322-0600 FAX (310) 322-0693 E-MAIL: SALES@ALICEPETERSONCOMPANY.COM WEBSITE: WWW.ALICEPETERSONCOMPANY.COM

Be sure to inlcude complete address and account numbers. Your signed application authorizes release of information.

* WE ACCEPT MASTERCARD/VISA/AMEX *

STORE NAME					
NAME OF PARENT COMPANY IF SUBSIDIAI	RY				
ADDRESS					
СІТҮ	STATE		ZIP		
PHONE	WEBSITE	WEBSITE			
FEDERAL TAX ID #	RESALE NUMBER	RESALE NUMBER			
OWNERS NAME(S)					
E-MAIL			PHONE		
ADDRESS					
СІТҮ	STATE	STATE			
BUYER/MANAGERS NAME					
AAIL		PHONE			
ACCOUNTS PAYABLE CONTACT					
E-MAIL		PHONE	PHONE		

REFERENCES (Give only names you buy from on Net 30)

IAME		ACCOUN	ACCOUNT #	
ADDRESS	SS		PHONE	
СІТҮ	STATE		ZIP	
NAME		ACCOUN	IT #	
ADDRESS		PHONE		
СІТҮ	STATE		ZIP	
NAME			ACCOUNT #	
ADDRESS			PHONE	
СІТҮ	STATE		ZIP	