

**CREDIT APPLICATION FORM** 

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

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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	