

(Please print)

Credit Application

86 Whitecreek Shunpike Road, Cambridge, NY 12816 Tel: 518-677-5857 • Fax: 518-677-2592

E-mail: sales@whitecreekimages.com www.whitecreekimages.com

Account Name			
Contact Name	Position		
Address 1			
Address 2			
City State	e Zip	Email	
BUSINESS CLASSIFICATION			
☐ Wholesaler ☐ Retailer ☐ Chain Store	Type of Trade: Art Distributor Framing Distributor Home Decorating Other (Please specific)		
CREDIT INFORMATION Bank Reference:			
Bank Name			
Bank Address			
City	State	Zip	
Company Information:			
Legal Name			iness Established
Type of Business: ☐ Corporation ☐ Partnership	p 🗆 Individual Proprietors	hip Annual Sales	Volume \$
Officers/Principals:			
Name		Title	
Trade Reference:			
Name 1	Tel. No		Your Account No
Name 2	Tel. No		Your Account No
Name 3	Tel. No		Your Account No
We certify that we are registered to collect sa	les tax in the State of		
Under Sales & Use Tax I.D. #	and t	hat the credit info	mation given herein is correct.
Signature		Date	
Name		Title	