



Martinez Distributing Co., Inc.
(626) 683 -3123
(626) 683 -3124 fax
www.martinezbrands.com

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APPLICATION FOR CREDIT

Please type or print clearly in blue or black ink. Applications must be filled out completely.

Company name: _____

DBA (if any): _____

Buyer or Legal representative: _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Cell phone: _____ **Web page:** _____

Accounts payable contact name: _____

Phone: _____ **Email:** _____

Please check only one: Sole prop: _____ General Partnership: _____ Limited Partnership: _____ Corporation: _____ Limited Liability Company: _____

Incorporated in what state: _____ Year of incorporation: _____

Federal Tax ID number: _____ **Resellers Permit number:** _____

ABC license number: _____

Annual revenue: _____ Number of employees: _____

I, _____ certify that all information in this form is true and correct and there is not any misleading information that can affect the decision of extending credit to my company or me. And I authorized Martinez Distributing Co., Inc. or any of its subsidiaries to check my credit information and references in this form for the purposes of extending credit for services to my person or company.

Signature

Bank Reference

Name: _____

Address: _____

Phone: _____ Contact person: _____

Account number: _____ Type: _____

Number of years with this bank: _____

Trade references

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Account number: _____ Contact person: _____

Number of years doing business with this supplier: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Account number: _____ Contact person: _____

Number of years doing business with this supplier: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Account number: _____ Contact person: _____

Number of years doing business with this supplier: _____

For MARTINEZ DISTRIBUTING Use Only

Received: _____ References checked: _____

Accepted: _____ Credit limit: _____

Declined: _____ Decline letter sent: _____

Reasons: _____
