

## NEW CUSTOMER CREDIT INFORMATION

Company Name: \_\_\_\_\_ Owner's Name \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Other Phone: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Email Address: \_\_\_\_\_

( ) Incorporated ( ) Sole Proprietorship ( ) Partnership

Please list three businesses where you have established credit. Please include complete addresses. Also list your bank account number and bank's complete address.

Name	Street, City, State, Zip Code	Account #
Bank Name	Street, City, State, Zip Code	Account #

Please furnish us with the Name and Driver's License Number of any person authorized to sign checks.

Name: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

Use Space below to furnish any additional information needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note all information must be filled out *completely* to process application. This information will be held in strict confidence.

**Note:** Authorized Signer is Responsible for All Payments Owed

Authorized person responsible for paying account: \_\_\_\_\_

Title of person responsible for account \_\_\_\_\_ Phone: \_\_\_\_\_

Please Sent the Form to one of the following:

Email: Keith@backstabberlures.com

Mail: Backstabber Lures  
252 Spring Cove Rd  
Florence, AL 35634