

SPILL-STOP

Hand Tools For the Bartender

APPLICATION FOR CREDIT

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Website: _____ Email: _____
Type of Organization: Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____
Officer's Name: _____ Title: _____ Officer's Name: _____ Title: _____
Line of Business: _____ Years in Business: _____

BANK REFERENCE

Bank Name: _____ Account Number: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Email: _____

CREDIT REFERENCES

Supplier Name: _____	Account Number: _____
Street Address: _____	Phone Number: _____
City: _____ State: _____ Zip: _____	Fax Number: _____
Email: _____	
Supplier Name: _____	Account Number: _____
Street Address: _____	Phone Number: _____
City: _____ State: _____ Zip: _____	Fax Number: _____
Email: _____	
Supplier Name: _____	Account Number: _____
Street Address: _____	Phone Number: _____
City: _____ State: _____ Zip: _____	Fax Number: _____
Email: _____	
Supplier Name: _____	Account Number: _____
Street Address: _____	Phone Number: _____
City: _____ State: _____ Zip: _____	Fax Number: _____
Email: _____	

I authorize the release of information needed to establish credit terms with Spill-Stop® Opco LLC

Signed

Dated

3632 Stern Ave., Saint Charles, IL 60174
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Email info@spill-stop.com