

# **APPLICATION FOR CREDIT- BUSINESS ACCOUNTS**

## **Napa Fermentation Supplies**

Store Location: 575 3rd Street, Bldg. A, Napa CA 94559

Mailing Address: PO Box 5839, Napa CA 94581

(707) 255-6372

www.NapaFermentation.com

Email Application to: NapaFermentationLisa@gmail.com

<b>COMPANY CONTACT INFORMATION</b>	
Business Name:	
Proprietor's Name:	Phone:
Proprietor's Email:	
General Manager's Name:	Phone:
General Manager's Email:	
Date Business Commenced:	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
Business Registered Address:	
Business Physical Address:	
Business Mailing Address:	
Business Phone:	
Business Email:	
<b>ACCOUNTING CONTACT</b>	
Primary Accounting Contact:	
Accounting Email:	
Accounting Phone:	
<b>AUTHORIZED ACCOUNT USERS FOR ORDERS &amp; WILL-CALL</b>	
Name:	Name:
Name:	Name:

**BUSINESS PARTNERS & OFFICERS**

Name & Title:

Phone:

Address:

Email:

Name & Title:

Phone:

Address:

Email:

Name & Title:

Phone:

Address:

Email:

**BANK INFORMATION**

Bank Name:

Phone:

Bank Address:

Account #:

Account Type:     Checking     Savings     Other \_\_\_\_\_

Bank Name:

Phone:

Bank Address:

Account #:

Account Type:     Checking     Savings     Other \_\_\_\_\_

Bank Name:

Phone:

Bank Address:

Account #:

Account Type:     Checking     Savings     Other \_\_\_\_\_

Bank Name:

Phone:

Bank Address:

Account #:

Account Type:     Checking     Savings     Other \_\_\_\_\_

Other Banking Info:

**BUSINESS / TRADE REFERENCES**

Type of Account:

Date Account Opened:

Contact Name:

Email:

Phone:

Company Name:

Type of Account:

Date Account Opened:

Contact Name:

Email:

Phone:

Company Name:

Type of Account:

Date Account Opened:

Contact Name:

Email:

Phone:

**AGREEMENT**

All invoices are to be paid 15 days from the date of invoice.

Claims arising from invoices must be made within seven business days.

By submitting this application, you authorize Napa Fermentation Supplies to make inquiries into the accounts and references listed on this application.

**AUTHORIZED SIGNATURES**

Signature:

Date:

Name & Title:

Signature:

Date:

Name & Title:

Signature:

Date:

Name & Title: