

Application for Credit

Printed Name & Title

To help us establish an account in your company's name and to expedite processing of your initial orders, please complete the following Application and return it as quickly as possible.

This information will be held in the strictest confidence.

Contact (Mr/Mrs/Ms.)	contact (Mr/Mrs/Ms.) contact (Mr/Mrs/Ms.)	Dealer			_
City Fax (Email	State				_
City Fax (Email	State	Address			=
Dealer Billing Address	Dealer Billing Address				
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Business Name	Business Name	Phone ()	Fax ()		
Business Name	Business Name				
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Contact (Mr./Mrs./Ms.) Address City State ZIP Type of Business Corporation Partnership Proprietorship Year Business Started Home Office Location Sales Tax Number IRS Tax ID Number Anticipated Monthly 30-Day Balance \$ Establish C.O.D. Only Other Dealer Instructions The information supplied is true in all respects, accurate and complete, and is made with the intent that it be relied upon by Brazil Baroque, Inc., in extending credit to the undersigned. I agree to abide by the credit terms of Brazil Baroque, Inc., in effect at time of sale.	Contact (Mr./Mrs./Ms.) Address City State ZIP				
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		Signature			