



Application for Credit

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.

Dealer _____
Contact (Mr./Mrs./Ms.) _____
Address _____
City _____ State _____ ZIP _____
Phone (____) _____ Fax (____) _____ Email _____

Please Note: You may receive unsolicited faxes and email from Brazil Baroque regarding promotions or specials.

Dealer Billing Address

Account Number _____
Business Name _____
Contact (Mr./Mrs./Ms.) _____
Address _____
City _____ State _____ ZIP _____
Phone (____) _____ Fax (____) _____

Dealer Shipping Address

Business Name _____
Contact (Mr./Mrs./Ms.) _____
Address _____
City _____ State _____ ZIP _____

Type of Business ☐ Corporation ☐ Partnership ☐ Proprietorship

Year Business Started _____

State in which Incorporated _____ 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.

Signature

Date _____

Printed Name & Title