



Top Notch Distributors, Inc.

Remit Payment to:
P.O. Box 189, Honesdale, PA 18431-0189
Phone: (800)-233-4210 Accts Rec/Collections
Toll Free Fax: (866)-460-5226
credit@topnotch.bz

Credit Application

\*\*State tax resale form or certificate must accompany this application\*\*

COMPLETE LEGAL NAME OF BUSINESS:
BILLING ADDRESS: CITY: STATE: ZIP:
SHIPPING ADDRESS: CITY: STATE: ZIP:
BUSINESS PHONE: FAX: E-MAIL:
YEARS UNDER PRESENT MGMT: YEARS AT PRESENT LOCATION:
OWNER OF COMPANY: PRESIDENT OF COMPANY:
AP CONTACT: PO CONTACT:
PHONE: FAX: PHONE: FAX:
E-MAIL: E-MAIL:
ARE PURCHASE ORDERS REQUIRED: FEDERAL EMPLOYEE ID #:
CREDIT LIMIT REQUESTED: ESTIMATED ANNUAL SALES:
TYPE OF BUSINESS:
TYPE OF OWNERSHIP: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP LLC
NAME OTHER BUSINESSES AFFILIATED WITH:

COMMERCIAL BANK REFERENCE

BANK NAME: ACCOUNT NUMBER:
PHONE NUMBER: CITY: STATE: ZIP
FAX NUMBER: CONTACT PERSON:

COMMERCIAL TRADE REFERENCES

Trade references who have extended the highest amount of credit in the last 12 months

Table with 4 columns: TRADE REFERENCE, ACCOUNT#, PHONE#, FAX#. Rows 1-4.

STATEMENT OF TERMS

Applicant authorizes Top Notch Distributors, Inc. to obtain credit reports to be used in connection with this application and to obtain further credit information from any persons or firm set forth in this application and from any other source, including credit profiles on individuals responsible for payment. Applicant further authorizes any bank or commercial business with whom the applicant is doing, or has done any type of business, to give any and all necessary information to Top Notch Distributors, Inc. which will assist in the credit inquiry. If credit is granted, applicant agrees to pay for all items purchased from Top Notch Distributors, Inc. within 30 days from the date of invoice, unless noted otherwise. Applicant agrees that in the event of default in any payment, to pay all costs of collections, including but limited to, attorney's fees, court cost, and collection agency fees. Applicant certifies all information furnished is true and accurate, and will be relied upon in the granting of credit.

AUTHORIZED SIGNATURE: TITLE:
PRINT: DATE:

\*\*AUTHORIZED SIGNATURE IS REQUIRED FOR APPROVAL OF APPLICATION\*\*