



DISTRIBUTORS, INC.
660 Linton Blvd.#211 Delray Beach,FL.33444
561-276-6774 Fax: 561-276-6806

NEW ACCOUNT CREDIT APPLICATION

Trade Name of Firm: _____
Address: _____
City/State/ZipCode _____
Telephone: _____ Fax: _____
Accounts Payable Mng: _____ Controller: _____

Organization and Business Data

Legal name of firm: _____
Address: _____
Account #: _____
Corporate Credit Cards: _____
Account #: _____ Phone #: _____

Business References (Please list three major vendors)

Name: _____
Address: _____
Contact: _____
Phone #: _____
Fax: _____

Terms

Upon establishment of an account, we hereby agree to payment of samples on a Net10 basis from date of invoice, and payment of merchandise on a NET30 basis from date of invoice.
It is understood that a delinquent account will cause credit and shipment s to be suspended until such time as the account is current.

Name: _____ Title: _____ Date: _____