

Date \_\_\_\_\_ SLSM# \_\_\_\_\_ Name: \_\_\_\_\_



Commercial Distributing Company, INC.  
P.O.Box 1476  
Westfield, MA 01086  
Phone # (413)562-9691 Fax # (413)562-7302  
Credit Manager: Zora Gonsalves

**CREDIT APPLICATION**

\_\_\_\_\_  
LICENSE NAME

\_\_\_\_\_  
ACCOUNT NAME (DBA)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP AREA CODE/PHONE

**OWNERSHIP**

PARTNERSHIP     INDIVIDUAL     CORPORATION

NAME(S) OF PRINCIPALS	COMPLETE ADDRESS	ZIP	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**BEVERAGE OR OTHER REFERENCES EXCLUDING MAJOR CREDIT CARDS AND BANKS**

**DO NOT USE BANKS, MAJOR CREDIT CARDS OR RECENTLY OPENED CREDIT ACCOUNTS**

NAME(S) OF PRINCIPALS	COMPLETE ADDRESS	ZIP	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**ALL ORDERS ARE C.O.D. UNTIL APPLICATION IS APPROVED**

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

\_\_\_\_\_  
SIGNED/TITLE

\_\_\_\_\_  
DATE