

Date _____ SLSM# _____ Name: _____



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

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