



blue moon acres
CREDIT APPLICATION

Trade Name: _____ DBA: _____

Billing Address: _____

Shipping Address: _____

CONTACT PERSON (kitchen/purchasing, who will place orders):

Name _____ Title: _____

Phone: _____ (EX.) _____ Fax: _____

E-mail: _____

CONTACT IN ACCOUNTS PAYABLE:

Name: _____

Phone: _____ (EX.) _____ Fax: _____

E-mail: _____

FINANCIAL INFORMATION:

Bank: _____ Account #: _____

Contact: _____ Phone: _____

Business Credit Card # _____ Type: MC, VISA, AMEX: Expiry Date: _____

TRADE REFERENCES:(Please List Three)

Business Name: _____ Contact: _____

Phone: _____ Fax: _____

Business Name: _____ Contact: _____

Phone: _____ Fax: _____

Business Name: _____ Contact: _____

Phone: _____ Fax: _____

Authorization for Release

I authorize the release of all credit information requested by Blue Moon Acres and/or its assignees. My signature below (fax copy acceptable) grants my permission to review said company's credit and in the future, as needed, in the credit evaluation and review process.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Returns via FAX @ 215.794.2406, Thank You!