



850-435-4994

Account Type: (Check One)

Checking

Savings

DUNS#

## **CRE**

	to territ uns torni, eman to
	info@currentproductscorp.co
DIT APPLICATION	or fax to 850-466-5222.
DII APPLICATION	

*Full legal name of business or inc	lividual applyir	ng for credit (the	e "Obligat	or")		
*Doing Business As (DBA)				-		
*Address of principal office				P.	O. Box or Suite	
*City, *State *Country				•	*Zip C	ode
*Telephone:				Fax	•	
*Email for customer service and ge	eneral order su	ıpport				
*Email for accounting and invoicing	g	•				
Web Site	•			Facebook		
Twitter				Other		
*Legal entity (check one)	Individual/ Sole proprietorship	General Partnership	Corp	oration	Limited Liability Company	Other:
*State of Incorporation	*	Date Established	/	/ *EIN	#/SS# (attach W-9)	
*Taxable: YES NO (If No,	Proof of tax e	exempt status n			sales tax will be	charged)
Have you failed to pay creditors as			YES	NO	if YES, please e	· ·
Has your company experienced any				ō) years?		NO .
Estimated Sales of Current Product	s Corp. Produc	cts: \$ per Month	1		\$ per Year	
Your Annual Sales as a Company:						
Please state amount of credit line to	o be requested	d:				
For financial statements to be consaccountant.	idered, they m	ust be prepared	d by an ou	utside		
2% discount if paid within 10 business da	ays.					
Owner / Officer #1			7	ı	Owner / Officer #2	
Address			1		Address Address	<del>-</del>
City/ State/ Zip			-		City/ State/ Zip	
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Telephone				l	Telephone	
		BANK	'INF	ORMA	TION	
Bank Name/ Branch/ Contact						
Principal Depository Account Name	e				Account Number	
Account Type: (Check One)	Checking	Saving	S		DUNS#	†
Bank Name/ Branch/ Contact						
Principal Depository Account Nam	e l				Account Number	
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## **TRADE REFERENCES**

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signing helow	v the applicant re	presents that the information	on contained in this applicat	on is true and	diaccurate and acknowl	ledges that Current Products Corp.
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