



INTERMOUNTAIN NUTRITION

CREDIT APPLICATION INFORMATION

● = required

● REGISTERED BUSINESS NAME: _____

DBA OR PREFERRED BUSINESS NAME, IF DIFFERENT: _____

● REGISTERED BUSINESS ADDRESS: _____

● BILL TO ADDRESS: _____

● REGISTERED BUSINESS PHONE: _____

PREFERRED PHONE, IF DIFFERENT: _____

● TYPE OF BUSINESS: _____

● YEARS IN BUSINESS: _____ FEDERAL EIN: _____

● REQUESTED TERMS: NET 10 NET 15 NET 30

● REQUESTED CREDIT LIMIT: _____

TRADE REFERENCES

● NAME: _____ ● ADDRESS: _____

● CONTACT NAME: _____ ● CONTACT PHONE: _____

● CONTACT EMAIL: _____

● TERMS: _____ ● CREDIT LIMIT: _____

BANK REFERENCE

● BANK NAME: _____ ● ADDRESS: _____

● CONTACT NAME: _____ ● CONTACT PHONE: _____

● CONTACT EMAIL: _____

● ACCOUNT#: _____ ● NAME ON ACCOUNT: _____

