



CREDIT APPLICATION – REFERENCES

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ \_Corporation  
 City, State, Zip: \_\_\_\_\_ in State of \_\_\_\_\_  
 Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ \_Partnership  
 Contact Name: \_\_\_\_\_ \_Sole Owner  
 Contact Phone Number: \_\_\_\_\_ \_LLC/LP/LLP  
 Sales Tax Exempt: Yes  No  \_Other (Please specify)  
 Sales Tax Exempt #: \_\_\_\_\_ State of Exemption: \_\_\_\_\_  
 Resale Certificate #: \_\_\_\_\_ DUNS #: \_\_\_\_\_

**A copy of your exemption/resale certificate must be provided, otherwise sales tax will be applied to all invoices.**

CREDIT REFERENCES

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Person to Contact: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Checking Acct. #: \_\_\_\_\_ Savings Acct.: \_\_\_\_\_

Business Reference: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Business Reference: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Business Reference: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Business Reference: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize any of the above mentioned references to provide  
(Signature)  
Central Salt LLC credit information they may request.