

CREDIT APPLICATION

Please fill out completely so that we may process your order expediently.

COMPANY INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____ FAX#: _____

CONTACT NAME: _____

TAX ID #: _____ D&B #: _____

BANK INFORMATION

NAME OF BANK: _____

ACCOUNT #1: _____ ACCOUNT #2: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____ FAX#: _____

CONTACT NAME: _____

TRADE REFERENCES

1. _____
name of company *address*

_____ *name of contact* *phone & fax* *account #*

2. _____
name of company *address*

_____ *name of contact* *phone & fax* *account #*

3. _____
name of company *address*

_____ *name of contact* *phone & fax* *account #*

We hereby authorize Candle Brokers Inc. to contact the references and banks listed above in order to extend a line of credit for purchases under credit sales terms as stated on invoices. We understand that this information will be held in strict confidence and will be used solely for the consideration or extension of credit to us.

Signature *Printed Name*

Title *Date*