

# BiloBeauty.com

\$300 Minimum Order | \$500 Minimum For Free Shipping To Commercial Addresses

Phone: 631-845-9780 | Fax: 631-845-9784 | Email: Contact@biloltd.net

## APPLICATION FOR CREDIT

Application Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Store Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

How Long At This Location: \_\_\_\_\_

Owner's/Manager's Name: \_\_\_\_\_

**Please Provide Us With Some REFERENCES (Vendors That You Do Business With) To Help Us Determine Your Credit Worthiness.**

### Reference#1

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Account #: \_\_\_\_\_

### Reference#2

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Account #: \_\_\_\_\_

### Reference#3

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Account #: \_\_\_\_\_

### Reference#4

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Account #: \_\_\_\_\_

**Applicant's signature personally attests and guarantees that in consideration of Bi-Lo Distributors extending credit to the business stated on this application, any and all open bills and invoices shall be paid in full and in accordance with the terms agreed.**

By \_\_\_\_\_ Date: \_\_\_\_\_

(SIGNATURE)

(Please print your name) \_\_\_\_\_