



**CREDIT ACCOUNT APPLICATION**

**Bill To Information:**

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

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

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

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Buyers Name: \_\_\_\_\_

**Ship To Information:**

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

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

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

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Acct. Payable Contact: \_\_\_\_\_

Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Resale Certificate No: \_\_\_\_\_

Principle Officers: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_

(Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Title) \_\_\_\_\_

(Address) \_\_\_\_\_

P.O. Box 347  
Cheriton, VA. 23316  
Phone: 757/331-1208  
Fax: 757/331-4366

**Type of Business:**

Wholesale: \_\_\_\_\_ Retail: \_\_\_\_\_ Other: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

**BANK INFORMATION**

Bank Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Account No: \_\_\_\_\_

Contact: \_\_\_\_\_

**TRADE REFERENCES**

1. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TERMS:**

Net 30 days from date of invoice unless otherwise agreed to and stated by Cherrystone Aqua-Farms.


The undersigned has given the above information for the purpose of obtaining credit and represents that said information is accurate and complete. The information included in this credit application is for use by Cherrystone Aqua-Farms in determining the amount and conditions of credit to be extended. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Cherrystone Aqua-Farms in establishing a line of credit.

Firm Name: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

  
P.O. Box 347  
Cheriton, VA. 23316  
Phone: 757/331-1208  
Fax: 757/331-4366