



**CREDIT APPLICATION**

COMPANY NAME: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_

SALES TAX ID #: \_\_\_\_\_

COMPANY BILL TO ADDRESS: \_\_\_\_\_

COMPANY SHIP TO ADDRESS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**BANK REFERENCE**

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

ACCOUNT MANAGER'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Email: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

AUTHORIZED TO RELEASE INFO: \_\_\_\_\_ **(MUST BE A SIGNER ON ACCOUNT)**

Eastern Distributors NY LLC  
31 Grand Blvd #33, Brentwood, NY 11717 (631) 435-3912  
Janice Pellicano (A/R & Credit Management)

**[Please email completed Credit Application to treasury@easterndistributors.net](mailto:treasury@easterndistributors.net)**



**THREE SUPPLIER CREDIT REFERENCE**

**(ALL INFORMATION MUST BE FILLED OUT COMPLETELY)**

SUPPLIER COMPANY NAME:

ADDRESS: \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

CREDIT or A/R CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SUPPLIER COMPANY NAME:

ADDRESS: \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

CREDIT or A/R CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SUPPLIER COMPANY NAME:

ADDRESS: \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

CREDIT or A/R CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

Eastern Distributors NY LLC  
31 Grand Blvd #33, Brentwood, NY 11717 (631) 435-3912  
Janice Pellicano (A/R & Credit Management)

**[Please email completed Credit Application to treasury@eastern distributors.net](mailto:treasury@eastern distributors.net)**



TO: \_\_\_\_\_ (Financial Institution Bank Officer)

FROM: \_\_\_\_\_ (Customer)

FOR: Bank Reference Authorization

DATE: \_\_\_\_\_

**Written Authorization**

I, \_\_\_\_\_ (Name), representing \_\_\_\_\_ (Customer Account Name), located at \_\_\_\_\_ (Address), \_\_\_\_\_ (City, State), hereby authorize \_\_\_\_\_ (Name of Financial Institution) to release credit information regarding our account to **Eastern Distributors NY LLC** for the purpose of establishing and evaluating a credit line for the purchase of Arizona products.

This authorization shall remain valid for the purpose stated above unless otherwise revoked in writing.

If you have any questions regarding this authorization, please feel free to contact me.

Thank you,

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

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

Title: \_\_\_\_\_

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



## New Customer - Forecast

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

Estimate of first order \$ \_\_\_\_\_

Estimated monthly order \$ \_\_\_\_\_

Will Customer Pick Up Product:      Yes       No

Seasonal Account:      Yes       No

Comments: \_\_\_\_\_

\_\_\_\_\_  
Prepared by (Print Full Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number