



CREDIT APPLICATION

*Please fill out form completely in order to be processed.

BUSINESS CONTACT INFORMATION

Company name:		Date:
DBA:		
Type of Business:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Federal Tax ID#:		
Resale Tax ID#:	Dun & Bradstreet #:	
Buyer:	Phone:	
Requested Credit Limit:	Estimated Annual Order Volume:	

BANK REFERENCE

Bank Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Contact:
Type of account:	Account number:	Email:

TRADE/CREDIT REFERENCES

Company name #1:		
Address:		
City:	State:	ZIP Code:
E-mail Address		
Contact Name:	Account #:	
Company name #2:		
Address:		
City:	State:	ZIP Code:
E-mail Address		
Contact Name:	Account #:	
Company name #3:		
Address:		
City:	State:	ZIP Code:
E-mail Address		
Contact Name:	Account #:	

Signature: <i>Person Completing Application</i>	Date:
Phone:	E-mail Address:

10 Buck Island Road Bluffton, SC 29910
 (P) 843.681.8860 (F) 843.681.8830
www.spartina449.com
Credit@spartina449.com

INSTRUCTIONS: Please review the Terms and Conditions that follow. Once the application has been completed please return to the Credit Department for processing. Thank you for your interest in Spartina 449!