



Winston Collection, LLC

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CREDIT APPLICATION

Requested Credit Limit:\$

Bill To:

Name:
D/B/A:
Address:
City State Zip
Phone:
Fax:
Email:
Website:

Ship To:

Name:
D/B/A:
Address:
City State Zip
Phone:
Fax:
Email:
Website:

Business Type: (Check One) Corporation
General Partnership Limited Partnership

Limited Liability Corp.
Individual

Principles:

Name:
Address:
City State Zip

Number of Yrs. in Business
Social Security # or FEIN #:
Phone:
D&B #:
Tax Exempt #:

Financial:

Name of Bank:
Address:
City State Zip

Contact Person:
Phone #:
Fax #:

Trade References:

1. Company Name Contact Name Address
Phone: Fax:
2. Company Name Contact Name Address
Phone: Fax:

I (we) authorize the above institutions to release all financial information regarding checking and savings accounts and outstanding loans, and to access my credit information. I(we) certify that the above information is true and correct. We believe that protecting your privacy is an integral part of the customer service we provide to you. This is the reason why we do not share customer information with outside parties who may wish to market their products to you.

x
Signature Title Date