



CREDIT APPLICATION

Requested Credit Limit: \_\$ \_\_\_\_\_ Date of Application: \_\_\_\_\_

Bickmore Sales Rep: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Federal Identification Number: \_\_\_\_\_ DUNS #: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief Management Summary: (Key Management/Officers: Name, Title)

CEO: \_\_\_\_\_

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

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

Credit Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Email: \_\_\_\_\_

Brief Description of Program/Type of Sale: \_\_\_\_\_  
\_\_\_\_\_

Sales and Use Tax Status:                      Exempt                      Non-Exempt

Sales Tax ID Number (if applicable): \_\_\_\_\_ State: \_\_\_\_\_

A DIVISION OF EXCELDA DISTRIBUTING  
10750 HI TECH DRIVE  
WHITMORE LAKE, MI 48189  
P: (734) 449-8500 F: (734) 449-8545  
Info@bickmore.com



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

**CREDIT REFERENCES (4 REQUIRED):**

Company Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

**FINANCIAL INSTITUTION(S)**

Company Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Account No. 1: \_\_\_\_\_ Account No. 2: \_\_\_\_\_

I present this information truly and correctly as an authorized person for the above company for the purpose of obtaining credit on products Purchased from Bickmore/Excelda Distributing, Inc. I hereby agree to credit terms extended by Bickmore/Excelda Distributing, Inc. and also Agree to remit the balance due to Bickmore/Excelda Distributing, Inc. in addition to any expenses incurred by Bickmore/Excelda Distributing, Inc. In the collection of funds owed by our company that is either past due or delinquent. I understand that credit terms are granted by Bickmore/Excelda Distributing, Inc. on a net 30 basis and that late charges may accrue on overdue accounts.

**X**  
\_\_\_\_\_  
Applicant's Signature Title Date

A DIVISION OF EXCELDA DISTRIBUTING  
10750 HI TECH DRIVE  
WHITMORE LAKE, MI 48189  
P: (734) 449-8500 F: (734) 449-8545  
Info@bickmore.com