



322 Northpoint Parkway, Suite D, Acworth, GA 30102
 Phone: 678-574-9805 Toll-free: 800-217-7348
 Please complete, attach applicable documents, and return this form to 678-574-9808

CREDIT APPLICATION FORM

Billing Address:		Office Address:	
Company Name		Company Name	
Attention		Attention	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Fax		Fax	
Email		Email	
General Information			
Federal Tax ID No.	Company Composition <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Corporation State of:
D&B No.	At present location since		Desired Credit Line
Principal/Owner	Title	Email	Phone
Ordering Information			
Are written Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Merchandise for Resale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resale Certification No. (attach copy)	
Purchasing Agent	Fax	Email	Phone
Accts. Payable Contact	Fax	Email	Phone
Bank Information			
Bank Name	Officer Contact Name	Phone	Fax
Bank Address	City	State, Zip	Type of Acct. and No.
Trade References			
Company Name	Contact Name	Phone	Fax
Address	City	State	Zip
Company Name	Contact Name	Phone	Fax
Address	City	State	Zip
Terms and Conditions			
A deposit of up to 50% is required for all new accounts once application has been completed, reviewed and approved all future purchases will be invoiced. All invoices are Net 30 day terms. By submitting this application you authorize Russell Ventures to make inquiries in the banking & business trade reference you supplied.			
Acceptance and Approval			
Name of Authorized Representative		Signature and Title	