

**BBZ USA Inc.**

P O BOX 7139

ST. LOUIS, MO 63177-1139

Fed. I.D. No. 06-1316987

Attn: Credit Department

Phone 636-225-9400 Fax 636-225-9854 E-Mail credit@wtpc.com

**CREDIT APPLICATION**

APPLICANT (SOLD TO):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone# \_\_\_\_\_  
Fax# \_\_\_\_\_

Credit line required at BBZ:\$ \_\_\_\_\_  
Officers/Owners: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_

BOND COMPANY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone# \_\_\_\_\_  
Fax# \_\_\_\_\_

Years in business: \_\_\_\_\_  
Federal I. D. No. \_\_\_\_\_

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

**REQUIRED:**

**Sales Tax Exempt form for customers in CT**

**PLEASE CHECK HERE IF YOU WOULD LIKE TO RECEIVE ORIGINAL INVOICES BY FAX. IF FAXED INVOICES ARE ACCEPTED, NO INVOICES WILL MAIL. EXPORT DOCUMENTS ARE PROVIDED.**

**YES \_\_\_ NO \_\_\_ I WOULD LIKE INVOICES FAXED TO: \_\_\_\_\_**

(ENTER FAX NUMBER)

**Bank Reference:** \_\_\_\_\_

\_\_\_\_\_

Account Officer: \_\_\_\_\_

Phone# \_\_\_\_\_

Fax# \_\_\_\_\_

Account # \_\_\_\_\_

**Credit References:**

1.) \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

Fax # \_\_\_\_\_

Account # \_\_\_\_\_

2.) \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

Fax# \_\_\_\_\_

Account# \_\_\_\_\_

3.) \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

Fax# \_\_\_\_\_

Account # \_\_\_\_\_

4.) \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

Fax# \_\_\_\_\_

Account# \_\_\_\_\_

**I hereby authorize the release of credit information to BBZ from the bank and suppliers listed above. Buyer/Applicant agrees to payment terms noted on BBZ invoice. I authorize BBZ to obtain credit reports on the corporation or owners to be used for credit purposes only. Any legal fees associated with third party collection are for the buyer/applicant.**

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

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

**Revised 07/01**