



CUSTOM FLAVORS™
A DIVISION OF CUSTOM INGREDIENTS

BUSINESS CREDIT APPLICATION

Company Name _____ Phone# _____
Billing Address _____ Fax# _____
City _____ State _____ Zip _____
Ship to Address: _____

Type of Business _____ Years in Business _____
Federal ID# _____ State Incorporated _____

Corporate Officers/Partners:

Name _____ Title _____
Name _____ Title _____

Credit Amount Requested \$ _____

Persons Authorized to Submit Purchase Orders:

Name _____ Email Address _____
Name _____ Email Address _____
Name _____ Email Address _____

Bank Information

Name: _____
Address: _____
City, State, Zip: _____
Phone No.: _____ Fax No.: _____
Account Number: _____

Credit References (Please List 4 or Attach List)

1. Company Name _____
City _____ State _____ Zip _____
Phone# _____ Fax# _____
Contact(s) _____
Email (s) _____

2. Company Name _____
City _____ State _____ Zip _____
Phone# _____ Fax# _____
Contact(s) _____
Email (s) _____



CUSTOM **FLAVORS**[™]
A DIVISION OF CUSTOM INGREDIENTS

3. Company Name _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

Contact(s) _____

Email (s) _____

4. Company Name _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

Contact(s) _____

Email (s) _____