

# West End Ventures, LLC

5507-10 Nesconset Hwy, Suite 201  
Mt. Sinai, NY 11766

Please return via fax to 631-240-9785  
Attn: Credit Department

## CREDIT APPLICATION

### BILLING/SHIPPING INFORMATION

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

Contact Person Name/Title: \_\_\_\_\_

Bill to: \_\_\_\_\_ Ship to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_

### BUSINESS INFORMATION

Check One: ( ) Corporation ( ) Partnership ( ) Proprietorship ( ) Subsidiary of or ( ) Division of \_\_\_\_\_

Years in Operation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Net Worth \_\_\_\_\_

D&B #: \_\_\_\_\_ Sales Per Year \_\_\_\_\_

President/CEO: \_\_\_\_\_ Treasurer/Controller: \_\_\_\_\_

VP/Finance: \_\_\_\_\_ A/P Manager: \_\_\_\_\_

### BANK INFORMATION

Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Phone: \_\_\_\_\_

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

### TRADE REFERENCES

Reference 1: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Reference 3: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**DEFAULT AGREEMENT:** The above information is for the purpose of obtaining a line of credit and is warranted to be true. I/We hereby authorize West End Ventures, LLC to investigate the references listed pertaining to my/our credit and financial responsibility, and authorize my/our bank to release the information requested in conjunction with establishing this line of credit. I/We further attest financial responsibility, ability and willingness to pay invoices according to the terms of sale established by West End Ventures, LLC. In the event payment is not made, I/we will pay all reasonable costs of collection including all reasonable attorney's fees and court costs.

Prepared by (signature/print name) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_