



Dickey Bub Inc.

2A Union Village Shopping Center

Union, MO. 63084

Phone: (636) 583-5555

Fax: (636) 583-6778

Commercial Credit Application

Date: _____

Company Name: _____ Trading Name: _____

Sole Proprietor: _____ Partnership: _____

Corporation: _____ LLC: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Fax: _____

Years in Business: _____

Purchasing Agent (Contact): _____ Purchased Orders Required: Yes No

Credit Desired: _____

Tax Exempt #: _____ Federal I. D. #: _____

Company Email _____

OFFICERS:

President: _____ S. S. #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Vice President: _____ S. S. #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Secretary / Treasurer: _____ S. S. #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Bank Reference

Name of Bank: _____ Bank Officer's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____

Checking Account #: _____ Savings Account #: _____

Trading References

Name: _____ Type of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ Fax#: () _____

Years Associated: _____

Account #: _____ Terms: _____

Name: _____ Type of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ Fax#: () _____

Years Associated: _____

Account #: _____ Terms: _____

Name: _____ Type of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ Fax#: () _____

Years Associated: _____

Account #: _____ Terms: _____

Please List in the spaces below the names of any associates that you would like to have put on your charge account.

1) _____ Phone # _____

2) _____ Phone # _____

3) _____ Phone # _____

4) _____ Phone # _____

5) _____ Phone # _____

6) _____ Phone # _____