



Credit Application

Application Date: _____

Credit Line Requested: _____

Corporation
 Partnership
 Individual
 LLC
 State of Incorporation _____
 Year _____

BILL TO INFORMATION		IF TAX EXEMPT, PLEASE ATTACH A COPY OF YOUR CERTIFICATE.	
Company Name		Address	
City, State, Zip			
Telephone	Fax	Contact Person	E-Mail Address of Contact Person
Federal Tax ID #		Dun & Bradstreet #	Purchase Taxable? Yes or No

SHIP TO INFORMATION			
Ship To Address		City, State, Zip	
Telephone	Fax	Contact Person at Ship To Address	E-Mail Address of Contact Person
Officer or Partner	Title	SSN#	E-Mail Address
Officer or Partner	Title	SSN#	E-Mail Address

BANK REFERENCES			
Bank Name	Telephone	Fax	Checking Account #
Bank Officer	E-Mail Address		Loans?

TRADE REFERENCES			
Company Name		Address	
City, State, Zip			
Telephone	Fax	Contact Person	E-Mail Address of Contact Person
Company Name		Address	
City, State, Zip			
Telephone	Fax	Contact Person	E-Mail Address of Contact Person
Company Name		Address	
City, State, Zip			
Telephone	Fax	Contact Person	E-Mail Address of Contact Person
Company Name		Address	
City, State, Zip			
Telephone	Fax	Contact Person	E-Mail Address of Contact Person

We do hereby grant Mountain Valley Spring Company to conduct inquiries to assess the credit worthiness of our firm. In the event Mountain Valley Spring Company does extend credit to us, we agree to payment in full for all goods and services received in accordance with the terms and conditions included with this form. If we submit a credit information sheet, this application will be signed and all of the above information provided. We confirm that the business requesting credit is solvent.

Signature of Authorized Officer _____ Title _____ Date _____

**Please fax this signed application to Mountain Valley Spring Company at 501.624-4407 OR mail original application to:
Mountain Valley Spring Company, P.O. Box 1610, Hot Springs, AR 71902.**

FOR OFFICE USE ONLY	Account #	Salesmanager	Date
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