

NEW CUSTOMER CREDIT INFORMATION

Company Name: _____ Owner's Name _____

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

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

Business Phone: _____ Business Fax: _____ Other Phone: _____

No. of Years in Business: _____ Tax ID # _____

Email Address: _____

Incorporated Sole Proprietorship Partnership

Please list three businesses where you have established credit. Please include complete addresses. Also list your bank account number and bank's complete address.

Name	Street, City, State, Zip Code	Account #
Bank Name	Street, City, State, Zip Code	Account #

Please furnish us with the Name and Driver's License Number of any person authorized to sign checks.

Name: _____

Driver's License No: _____

Use Space below to furnish any additional information needed:

Please note all information must be filled out *completely* to process application. This information will be held in strict confidence.

Note: Authorized Signer is Responsible for All Payments Owed

Authorized person responsible for paying account: _____

Title of person responsible for account _____ Phone: _____

Please Sent the Form to one of the following:

Email: Keith@backstabberlures.com

Mail: Backstabber Lures
252 Spring Cove Rd
Florence, AL 35634