



Artisan Barrels & Tanks, Inc.

Credit Application

1/ IDENTITY

Business Name: _____

Address (Ship To): _____

City: _____ State: _____ Zip: _____ Phone #: _____

Billing address (if different from Ship to): _____

City: _____ State: _____ Zip: _____ Phone #: _____

2/ BUSINESS ENTITY

Date Business was established under present ownership: _____ Fax # _____

Is Business a: Sole Proprietor Partnership or Corporation

Terms Desired: Cash COD (Check) Net 30 Days

Please provide Name, Home Address and Home Phone Number of Owners, Partners or Corporate officers:

	Name	Title	Address	Phone #
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Is location of Business: Rented Owned

If rented, provide Name and Phone # of Landlord _____

If owned, provide Name and Phone # of Mortgage Holder _____

Please Note: Approval of Credit is based largely on reports from other suppliers. (Please provide names of other suppliers whom you buy from on credit; we are particularly interested in glass, cork and barrel suppliers).

3/ BUSINESS REFERENCES

	Name	Address	Phone #	Fax #
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

4/ BANK REFERENCES:

Name of Main Bank _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Checking Savings Loan Account #: _____

Have you bought goods or services from Artisan Barrels in the past? Yes No

(I/We) the undersigned authorize the banks listed above to give their credit experiences to Artisan Barrels.

MUST BE SIGNED BY OWNER, PARTNER OR CORPORATE OFFICER ONLY

(1) Signature _____	Title _____	Date _____
(2) Signature _____	Title _____	Date _____

Please fax to Artisan Barrels when completed: 510-339-0173 or email to tina@artisanbarrels.com